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CITY OF



MANCHESTER



REPORT

on the

Health of the

City of Manchester

1965



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REPORT

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HEALTH

of the

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of

MANCHESTER


for 1965

by the

MEDICAL OFFICER OF HEALTH

Health Department,
Town Hall,
Manchester.

Tel. CENtral 3377, Ext. 341



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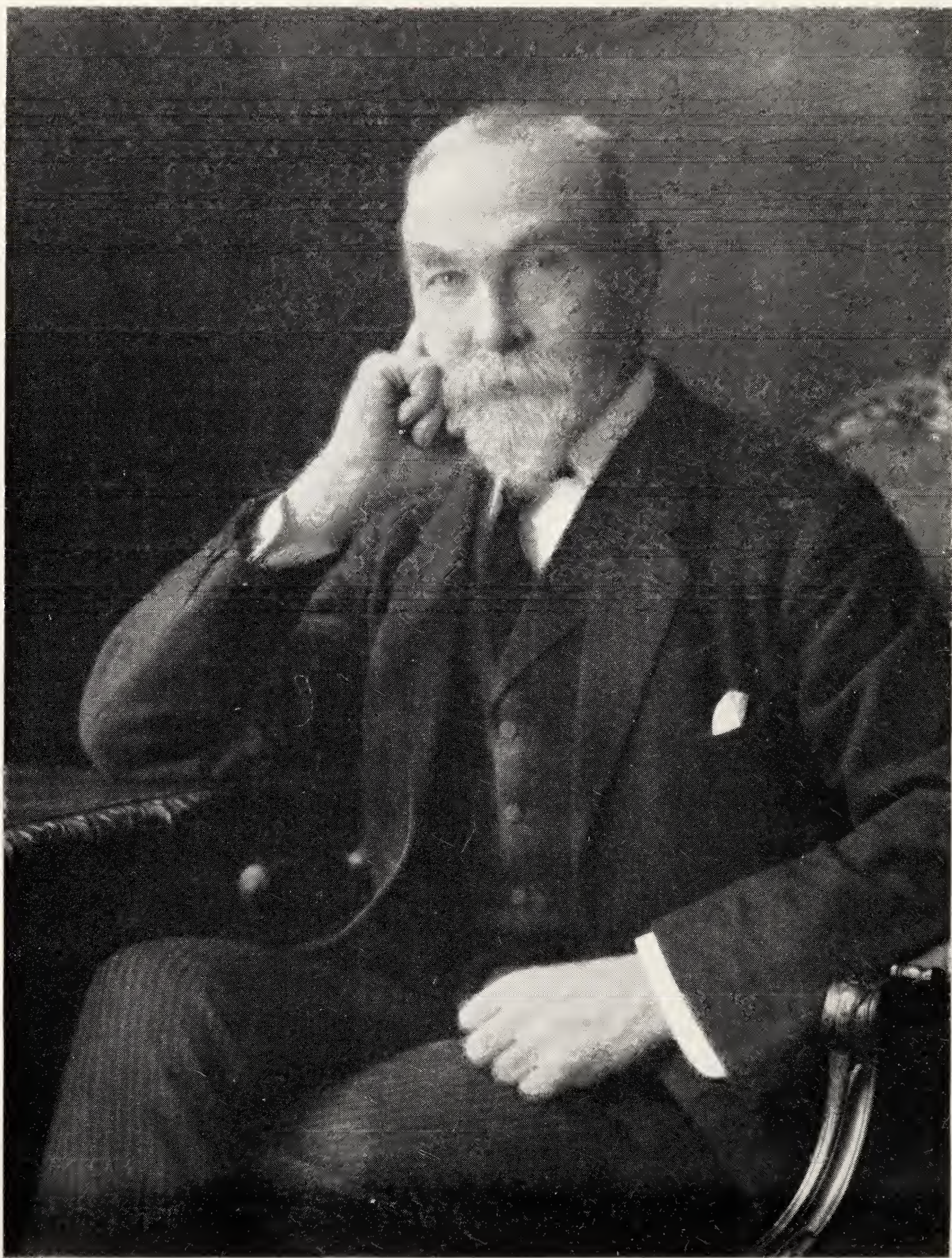
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Dr. James Niven, Medical Officer of Health, 1894—1922.

HEALTH DEPARTMENT,
TOWN HALL,
MANCHESTER, 2.

5th May, 1966.

MY LORD MAYOR, ALDERMEN AND MEMBERS OF THE CITY COUNCIL,

I have pleasure in presenting my report of the health of the City for the year 1965.

Population

The Registrar General estimates the civilian population for mid-1965 at 638,360, a decrease of 6,140 on 1964. This compares with the census figure of 661,791 taken in April, 1961.

Marriages

The number of marriages registered during the year was 5,683 compared with 5,551 the previous year. The marriage rate was 17·80 as against 17·23.

Births

Registered live births numbered 12,517 (6,453 males 6,064 females), giving a rate of 19·61 per 1,000 population compared with 20·61 in 1964, a decrease of 1·00. The rate for England and Wales was 18·1, a decrease of 0·3 on the previous year.

There were 258 stillbirths (141 males, 117 females), a decrease of 14 on the previous year's figure. The rate of 20·20 per 1,000 total births was 0·13 higher than that for 1964 which was the lowest rate ever recorded in the City. The rate for England and Wales was 15·7, a decrease of 0·6.

The percentage of total registered births taking place in institutions was 67·54.

Deaths

The number of deaths registered during the year was 7,866 (4,041 males 3,825 females), the second lowest number ever recorded, giving a death rate of 12·32 per 1,000 of the population as compared with 11·97 for 1964 and an average of 12·83 for the previous five years. The rate for England and Wales for 1965 was 11·5, an increase of 0·2.

Deaths from all forms of tuberculosis numbered 47, eleven less than in 1964. Respiratory tuberculosis accounted for 45 deaths, compared with 54 in 1964 and 50 in 1963. The death rate from respiratory tuberculosis was 0·07 per 1,000 population compared with 0·04 for England and Wales. Other forms of tuberculosis were responsible for 2 deaths compared with 4 in 1964 and 9 in 1963.

Deaths from all forms of cancer increased to 1,618 compared with 1,559 the previous year, whilst deaths from cancer of the lung and bronchus increased by 31 to 488 (407 males, 81 females) against 457 (389 males, 68 females) in 1964. The death rate from all forms of cancer was 2·53 per 1,000 population (2·42 in 1964) and that from cancer of the lung and bronchus 0·76 (0·71 in 1964) compared with 2·22 and 0·55 respectively for the whole of the country.

Deaths from bronchitis rose to 666, a rate of 1·04 per 1,000 population compared with 634 deaths (0·98 per 1,000 population) in 1964 and 860 deaths (1·31 per 1,000 population) in 1963.

Infant mortality

Deaths of infants under one year of age registered during the year numbered 337, forty-five less than 1964. The rate of 26·92 per 1,000 live births was 1·84 lower than that for 1964 and was the lowest since 1959 but it is still much higher than that for England and Wales for 1965 of 19·0, the lowest rate recorded in the country.

The number of neonatal deaths was 213, giving a rate of 17·02 per 1,000 live births, the lowest ever recorded in the City. The figures for 1964 were 244 and 18·37 and for 1963 they were 247 and 18·56. The rate for England and Wales for 1965 was 13·0, a decrease of 0·8. Early neonatal deaths decreased to 190 against 207 the previous year and 220 in 1963, a rate of 15·18 per 1,000 live births compared with 15·58 in 1964 and 16·53 in 1963.

Post-neonatal deaths decreased to 124 compared with 138 in 1964 and 144 in 1963, the rates per 1,000 live births being 9·91, 10·39 and 10·82 respectively.

Perinatal deaths numbered 448, giving a rate of 35·07 per 1,000 total births (live and still) compared with 479 and 35·34 in 1964.

Maternal mortality

There were two deaths from puerperal or post-abortive sepsis and four from other maternal causes, giving a rate for all maternal deaths of 0·47 per 1,000 total births. This compared with a total of seven deaths and a rate of 0·52 per 1,000 total births for 1964 and three deaths and a rate of 0·22 in 1963. The rate for England and Wales for 1965 was 0·25 per 1,000 total births.

Meteorology

The yearly figures provided by the Meteorological Office Weather Centre in Manchester show a year of average temperature but more than average rainfall. During a six week spell from mid-August to the end of September nearly 8½ inches of rain fell on the City centre, September being the wettest since 1918, December was also the wettest ever recorded. Against this, the City experienced the driest October for many years and the sunniest November on record. Dense fog on 7th December caused massive traffic congestion in the City.

Infectious disease

The incidence of infectious disease apart from rubella was again below the average of recent years. After nine consecutive years of freedom from the disease, one case of diphtheria was notified following the isolation of a virulent organism from a student physiotherapist at a Manchester hospital. For the third year no case of poliomyelitis was notified, although an adult male working in the City, but living in a neighbouring authority, died from the disease.

The number of cases of whooping cough notified was the second lowest on record following increased incidence during the previous two years.

Three cases of typhoid fever were confirmed early in the year and following investigations two symptomless carriers, both immigrants, were discovered.

Following infection whilst on holiday outside the City, seventeen confirmed cases of paratyphoid fever occurred and investigations revealed twenty-one symptomless excretors of the organisms causing the disease. Four other single cases also occurred including one where the patient was admitted to hospital ten days after arrival in this country.

Two general outbreaks of food poisoning occurred where the organism was identified, one of which covered several adjoining local authority areas. In another outbreak the agent could not be identified.

Following representations from the medical committee of a City hospital, the City Council sought powers to make infective hepatitis notifiable in the City which will be effective from 1st February, 1966.

The report includes a summary kindly supplied by the Director of the Public Health Laboratory in Manchester on the incidence of respiratory viruses during the past four years.

Immunization

The simultaneous administration of triple antigen and oral poliomyelitis vaccine was introduced at the beginning of the year thus reducing the number of attendances required to complete the two courses of vaccination. The number of children under one year of age routinely vaccinated against smallpox was the highest since 1958. The number of children presented for immunization against diphtheria, whooping cough and tetanus also increased compared with previous years.

Following the occurrence of cases of poliomyelitis in Lancashire and Cheshire there was a sudden demand for vaccination from the public.

The investigation being carried out by the Medical Research Council into measles vaccines, in which Manchester was co-operating, continued during the year.

Langho Colony for sane epileptics

Dr. Susan Woodcock, who had been appointed by the Manchester Regional Hospital Board as consultant neurologist for the Preston/Blackburn area, started to hold fortnightly sessions at the Colony by arrangement with the Board, thus providing valuable support to the medical superintendent in special cases and providing a direct link with Preston Royal Infirmary for the reference of selected patients requiring further investigation.

Domiciliary midwifery

Compared with 1964, the midwives attended 791 fewer home confinements in the City, but, on the other hand, there were 755 more visits made to homes of expectant mothers booked for hospital confinement to ensure the homes were suitable for early discharge. There were also 31 more pupil midwives given district training—70 in 1965 compared with 39 in 1964.

Chiropody

A chiropody service directly operated by the Corporation was commenced for the priority groups, i.e. the elderly, the physically handicapped and expectant mothers.

Clinics were established in Corporation premises in various parts of the City and home treatments given to patients who could not attend these clinics. Hitherto, a chiropody service had been provided through various voluntary organizations in receipt of financial support from the Health Committee and some of these organizations continue to arrange certain chiropody facilities which supplement the directly operated service. Despite staffing difficulties this comprehensive service will enable a high standard of chiropody care to be given to priority group patients in the City.

Health visiting

Staffing problems are being encountered at a time when the range and extent of the health visitor's duties continues to increase. This is particularly disturbing because health visitor training schools are finding it difficult to recruit adequate numbers of student health visitors of the necessary calibre. If the situation does not improve the great potential contribution which health visitors throughout the country can make to improve health standards—and particularly preventive standards—is unlikely to be fully realised.

Prevention of cancer of the cervix

This service continues to expand and 3,150 women took advantage of the service for the detection of pre-malignant or early disease of the cervix. Thirty-four women who had positive smears were referred for hospital treatment and 35 others who had suspicious smears will be kept under observation at the clinics. Special emphasis is placed on the educative aspects of prevention and, therefore, a woman with a positive smear is more prepared and tends to suffer less mental trauma.

Welfare centres and day nurseries

A pleasant modern purpose-built maternity and child welfare centre was opened in Constable Street, Abbey Hey, and clinics held there replace those formerly held in a church hall.

Two new modern purpose-built day nurseries were opened, one in Alexandra Park and one in Sale Road, Northern Moor, replacing nurseries formerly held in temporary prefabricated premises.

Health centres

The principle of health centres now seems to be more generally acceptable and, having regard to the City's considerable redevelopment plans, many of which are at a fairly advanced stage, a working party was set up to consider questions relating to the provision of health centres in the City. The working party consists of representatives of the City Council and the Manchester Executive Council. It is hoped that, as a result of this liaison, residents in many areas of the City will eventually have comprehensive medical and other health facilities available, either in a single building or in premises closely associated with each other. It is thought that grouping on these lines will not only be more convenient for patients but will foster co-operation between various branches of the health services and thereby enable still better service to be given.

Welfare of immigrants

Towards the end of the year, the Health Committee appointed Miss Margaret Buck as liaison officer for immigrants. The primary objective of this appointment is to assist immigrant families coming into the City to integrate themselves into the community. In the few weeks between her appointment and the end of the year it was quite clear from the demands made upon Miss Buck's services that there is a great need for a service on the lines envisaged. I hope, by the time my next annual report is published, to be able to give factual evidence of this need and details of measures taken, or proposed to be taken, to meet it.

Mental Health Service

The year was notable for the growth in mental health service facilities, a growth which, it is anticipated, will accelerate in future years.

One 30-bedded hostel for adult mentally ill females came into operation on 3rd May and a second, for males, was completed by the year end. The majority of the work of adaptation at the Blackley Adult Training Centre for 200 sub-normals was completed and it was possible to integrate the male and female adult units at the new premises. Following representations to the Ministry of Health, permission was given in November for work to proceed on the new Rusholme Junior Training Centre, the six months delay in capital projects being waived. This was particularly gratifying in that it could be taken as an indication of the importance being given to the provision of training facilities for mentally subnormal children.

Housing

In the planned approach to the clearance of areas of unfit houses, 5,690 were represented, compared with 4,917 in the previous year and a yearly average of 2,330 since the resumption of clearance area action in 1951. Thereby, 32,643 houses in clearance areas have been represented of which 14,759 have been demolished together with 10,359 other unfit houses. During the year 3,979 unfit houses were demolished.

The Housing Committee completed a total of 3,430 new houses and flats and 561 were built by private developers.

Clean air

Additional smoke control orders for five areas, including Didsbury, were confirmed by the Minister of Housing and Local Government and four orders await confirmation. Forty-seven per cent. of the City's area and thirty-three per cent. of the premises are subject to smoke control orders either operative or awaiting confirmation.

Food hygiene

The number of notified and otherwise ascertained cases of food poisoning was 128, compared with 158 in the previous year. A total of 78 cases occurred in three outbreaks, the remainder being either single cases or in family outbreaks.

In the enforcement of the Food Hygiene Regulations, prosecutions were necessary on contraventions found at fourteen catering premises and seven retail shops, and fines were imposed in each case. One street food trader was also prosecuted and fined.

Milk-borne diseases

The value of the proper heat treatment of milk in the prevention of infection from milk-borne diseases has long been recognized and it is completely anachronistic that the public should remain exposed to infection by the continued legally permissible distribution of raw untreated milk. Some of the consequences of this anachronism were evident during the year in the outbreak of paratyphoid fever from the consumption of untreated infected milk reported to be from a farm in the Fylde area. Fourteen cases and eighteen symptomless excretors occurred amongst Manchester residents who had been on holiday there. There is no less a risk of other infections including the debilitating disease of brucellosis, and, although less than 0.5 per cent. of the City's milk supply is not heat treated, on three occasions farm bottled untreated supplies from two producers were stopped on samples being found to be infected with the causative organisms of brucellosis in man. The particular supplies were not resumed until shown to be free from infection.

Historical

James Niven, M.A., M.B., LL.D., (photograph facing page 5), Manchester's third Medical Officer of Health, was appointed in 1894 to succeed John Tatham, M.A., M.D. I am indebted to Dr. A Butterworth who, with the assistance of Mr. D. Gregory and Mr. K. Clare, prepared this further historical review.

Dr. Niven was born at Peterhead on 12th March, 1851. After graduating as a Master of Arts at Aberdeen University in 1870 he went to Cambridge University where he had a distinguished career as a mathematician, becoming in 1874 eighth wrangler of his year and a Fellow of Queen's College. His first intention was to study engineering but he subsequently changed to medicine, completing his clinical studies at St. Thomas' Hospital, London. In 1880 he graduated M.B. at Cambridge.

Dr. Niven's first appointment after qualifying was with the Metropolitan Asylums Board where he made a special study of infectious diseases. After two years he moved to a Manchester suburb where he engaged in general practice for four years. In 1886 he became Medical Officer of Health of Oldham and eight years later, at the age of 43 years, was appointed Medical Officer of Health of Manchester.

At this time the economic consequences of the industrial revolution were nationally apparent and cotton had become undisputed king in Manchester. Arkwright's adaption in 1769 of Hargreaves' original spinning jenny had been followed in 1779 by Crompton's invention of the spinning mule. The introduction of the Watt-Boulton steam engine into cotton production after 1785 resulted in an upward surge of output and an increasing need for labour. During Dr. Niven's term of office the estimated population of Manchester increased from 517,000 to 770,000 despite a falling birth rate.

Despite Dr. Tatham's enthusiastic efforts to improve housing conditions during his short term of office, Dr. Niven reported in 1894 that in the older parts of the City there were still many closed courts and narrow recesses lined with back-to-back houses. Outside privies, that had been built in blocks in the courts, or between rows of terraced houses or at the end of a row of such houses, were often in a filthy and unsanitary condition. Consequently, the programme of clearance or improvement of these slums had inevitably to be increased.

In 1898 on a cleared site in Ancoats, Walton House was built as a model local authority common lodging house. By 1900 the Corporation had acquired the Blackley estate and the first new houses were built there in 1903. At this time the first tenement block consisting of five storeys was built in Rochdale Road; with the communal sinks and closets and an absence of lifts this arrangement for rehousing was understandably not popular. Subsequently, no tenement blocks of over three storeys were constructed. During Dr. Niven's period of office more than 23,000 houses were either demolished or modified. In addition there were 85,000 conversions of pail-closets to water-closet systems.

Dr. Niven was intensely interested in the epidemiology of infectious disease which was at the time of his appointment a great public health problem both locally and nationally. Mortality from scarlet fever, diphtheria, enteric fever,

summer diarrhoea, measles and whooping cough was especially high amongst infants. The statistical tables included at the end of this review serve to illustrate the significant decline of infectious disease and infant mortality that occurred between 1891 and 1920.

In 1897 Dr. Niven drew attention to shellfish as one source of infection in enteric fever and, in collaboration with Professor S. Delépine of the University of Manchester, he advocated the routine use of the Widal blood test to ensure the more accurate diagnosis of this disease. After measles became notifiable, locally in 1911 and nationally in 1915, Dr. Niven arranged for health visitors to follow-up cases and to advise mothers on the care of their children and also to arrange for the provision of any other practical assistance that might be needed. He also investigated the epidemiology of poliomyelitis and cerebro-spinal fever but appeared to gain little new information as to the cause and transmission of these diseases. The influenza pandemic of 1918 and 1919 caused over 3,000 deaths in Manchester and Dr. Niven, in collaboration with the Ministry of Health, subsequently participated in an epidemiological investigation to assess the degree of immunity conferred by an attack of this disease. During this pandemic much nursing assistance was provided by health visitors while the Public Health Committee approved the provision of additional coal and food for necessitous cases.

Dr. Niven was gravely concerned about the scourge of tuberculosis. While Medical Officer of Health of Oldham he had recommended the general public to boil all milk before use and he repeated this advice immediately he assumed office in Manchester. He insisted that bovine tuberculosis was a disease that should be controlled at its source. Again, in association with Professor Delépine, he actively investigated the sampling and bacteriological examination of milk to detect sources of risk. Naturally, there was much opposition to his activities but he persisted in his efforts. In 1899 the City Council obtained statutory powers to permit the sampling of milk, the segregation of infected cattle and the prohibition in the City of the sale of milk from such cattle.

Also in 1899, the City Council approved Dr. Niven's proposals for the notification of cases of tuberculosis under treatment in public institutions. He also made arrangements for the follow-up of cases, for the disinfection of clothes and bedding and of premises and for the provision of sputum flasks for patients. He persisted in emphasizing the apparent relationship of this disease with bad housing and poverty and he encouraged the provision of open spaces and parks, and the promotion of physical education of the young in particular.

Compulsory notification of tuberculosis in 1911-1912, which led naturally to an increase in the number of known cases of the disease, was followed by the appointment of the first Tuberculosis Officer and the subsequent re-organization of the tuberculosis control section of the Medical Officer of Health's Department. This re-organization included the appointment of additional medical and other staff, including nurses and sanitary inspectors, and the provision of an increased number of beds for tuberculosis cases in various hospitals.

The death-rate in Manchester from tuberculosis which was 2.42 in 1881-1885 and 2.09 in 1891-1895, fell to 1.17 in 1921. While this decrease was not proportionately as great as for the whole of England and Wales, it should be remembered that in 1881 much of Manchester was still rural in character. The subsequent rapid increase in industrial activity created many unfavourable environmental conditions locally which were not easily or quickly remedied. Indeed, some still exist today. For example, the pollution of the atmosphere from the by-products of coal consumed in industrial works, institutions, hotels

and private houses, with the resultant risk of injury to health actively concerned Dr. Niven. Closely packed houses were also deprived of light and the occupants were discouraged from opening windows, since the dirt that entered and was visibly deposited merely added to the problems and cost of cleaning and washing. Such environmental circumstances as these were ideal for encouraging the spread of infection and of despair.

A staff of smoke inspectors was maintained in the Sanitary Department to deal with industrial smoke, under the terms of the Public Health Act, 1875, and Dr. Niven paid tribute to their work. In 1912 the Manchester Air Pollution Board was created; it provided information on the scientific aspects of black smoke emission, the cost of smoke control and the most suitable kinds of fire-place for use in private houses. In 1921, after recommendations from the Sanitary Inspectors' Association, the Public Health Committee prepared a report dealing mainly with the problem of industrial smoke control. The control of smoke emission from private premises was not considered in detail at this time.

The welfare of mothers and children was a priority in Dr. Niven's programme of public health. When he came to Manchester he found in operation a system of health visiting run by a voluntary society. He published leaflets on the care and feeding of infants and on the precautions needed to prevent infectious illnesses in children and these early health education documents were distributed and explained by the health visitors. With the support of the School Board he encouraged the education of senior girls in the elementary principles of personal hygiene and in the care of young children.

The Midwives Act, 1902, requiring the registration of all practising midwives, resulted in the formation of a special committee in Manchester, with a medical officer responsible for the supervision and instruction of midwives practising in the City. In 1907 the health visitors employed by the Ladies' Public Health Society were transferred to the Corporation, not without feeling on both sides, and the care of infants and their feeding became one of their primary duties. The compulsory notification of births certainly assisted early home visiting by health visitors at this time.

Following a Local Government Board memorandum, recommending the integration of all agencies dealing with maternity and child welfare, Dr. Niven prepared a scheme for Manchester in 1914. This provided for an increase in the number of health visitors, for the transfer of the medical responsibilities of existing welfare centres and the provision of additional centres, for the appointment of a full-time medical officer and of part-time consultant physicians and additional ancillary staff. These proposals were in fact the framework of the present system of maternity and child welfare. The Maternity and Child Welfare Act, 1918, permitted a further expansion of the service, including the recruitment of additional medical and other professional staff.

When Dr. Niven was appointed he had only a small staff dealing with statistics and with the notification of infectious disease. The Sanitary Department was under the control of a separate officer and the School Medical Service was a separate entity. Thus a mere *modus vivendi* existed with the Medical Officer of Health having no authority to co-ordinate the numerous aspects of his public health responsibilities. Gradually, however, the Medical Officer of Health's responsibilities were increased. In 1896 Monsall Hospital was transferred to the Corporation and in 1904 Baguley Sanatorium was acquired when the Withington District was added to the City. Next followed the responsibilities and additional staff necessitated by the supervisory duties laid down under the Midwives

Act, 1902, and in 1907 by the transfer of the health visitors from the Ladies' Public Health Society. In 1912 the Tuberculosis Section was established when the disease was made compulsorily notifiable and in 1914 Aberglele Sanatorium was acquired from the Board of Guardians. Finally, the child welfare centres were transferred from the School for Mothers and increased in number. A venereal disease prevention and treatment scheme was also introduced.

In 1919 the Sanitary Committee approved the appointment of the Medical Officer of Health as head of the Sanitary Department. As then constituted the composition of the Public Health Department responsible to the Public Health Committee and its sub-committees was as follows:—

1. infectious diseases and Monsall Hospital; 2. tuberculosis and sanatoria; 3. venereal disease; 4. maternity and child welfare including health visiting, maternity and child welfare centres, midwifery and ophthalmia neonatorum; 5. sanitary department; 6. veterinary officer's section, including milk control; 7. public analyst; 8. miscellaneous.

Dr. Niven felt strongly that the work of the School Medical Department, the general cleansing of the City and the work of the Housing Manager, especially those aspects relating to unhealthy dwellings, should be the responsibility of the Medical Officer of Health. When Dr. Niven retired his total staff was 861.

Dr. Niven's exceptional talents resulted in his advice being constantly sought by the Local Government Board and the Ministry of Health. He was a valued member of many societies, becoming President of the Manchester Statistical Society and President of the epidemiology section of the Royal Society of Medicine. He was also appointed an examiner in sanitary science at Cambridge University and a lecturer in public health at Manchester University. For his services to preventive medicine he received medals from the Royal Institute of Public Health and from other professional organizations.

He left his mark in medical literature with such publications as "Etiology of Consumption", "The Prevention of Phthisis", "Smallpox Problems", and during his retirement he published a survey of his personal "Observations on the History of Public Health Effort in Manchester". This publication, containing a wealth of detail, was invaluable in the preparation of this historical review.

On his retirement in 1922 the Manchester City Council expressed their high appreciation of the valuable services which he had rendered to the City during his twenty-eight years of office, and hoped that he might be spared for many years to enjoy the retirement which he had so well earned.

Unfortunately it was not to be, for only three years later he died suddenly and tragically. Obituary notices appeared in the national and medical press, that in the British Medical Journal coming from his successor as Medical Officer of Health, Dr. R. Veitch Clark, and accompanying a similar tribute from Sir George Newman, K.C.B., M.D., F.R.C.P., HON. D.C.L., LL.D., F.R.C.S., the Chief Medical Officer of the Ministry of Health.

Many years later, in 1956, at an exhibition in London to mark the centenary of the Society of Medical Officers of Health, a biography of Dr. Niven was included. This provided an appropriate final tribute to an able, dedicated and conscientious man.

MANCHESTER—ESTIMATED POPULATIONS. ANNUAL RATES OF MARRIAGES, BIRTHS AND DEATHS (a) FROM ALL CAUSES, (b) FROM SPECIFIED CAUSES, AND (c) INFANTILE MORTALITIES; ALSO THE PERCENTAGES TO TOTAL DEATHS OF INQUEST CASES AND OF DEATHS IN PUBLIC INSTITUTIONS; ALSO QUINQUENNIAL AVERAGES 1871-1920.

Year	Estimated population. (mean).	Persons married	Annual Rates per 1,000 persons living.											Percentage to total deaths.		Infantile mortality.	Year	
			Births.	Deaths (all causes).	Smallpox.	Measles.	Scarlet fever.	Diphtheria.	Whooping cough.	Typhus fever.	Enteric fever.	Simple continued fever.	Diarrhoeal diseases.	Violence.	Inquest cases.			Deaths in Public Institutions.
1871-1875	477,344	24.6	38.9	28.3	0.26	0.64	1.08	0.08	0.78	0.14	0.43	0.21	1.95	0.94	7.2	13.4	198	1871-1875
1876-1880	509,802	18.6	38.7	26.2	0.24	0.53	1.07	0.13	0.84	0.08	0.29	0.11	1.26	0.89	7.5	14.3	172	1876-1880
1881-1885	542,746	17.9	35.1	23.6	0.04	0.71	0.48	0.10	0.68	0.05	0.20	0.03	0.99	0.72	7.0	15.9	175	1881-1885
1886-1890	575,630	16.6	33.4	24.6	0.02	0.83	0.50	0.32	0.54	0.02	0.30	0.01	1.08	0.78	6.9	17.7	183	1886-1890
1891-1895	517,801	16.9	33.2	23.6	0.03	0.62	0.26	0.27	0.64	0.00	0.24	0.01	1.19	0.77	7.1	19.2	186	1891-1895
1896-1900	539,599	18.2	32.5	22.7	..	0.89	0.20	0.13	0.53	0.00	0.18	0.01	1.69	0.73	7.1	20.2	192	1896-1900
1901-1905	554,355	17.4	30.9	20.1	0.01	0.55	0.19	0.22	0.41	0.00	0.13	0.00	1.15	0.72	7.1	24.4	173	1901-1905
1906-1910	660,049	17.0	28.1	17.7	..	0.54	0.16	0.17	0.37	0.00	0.10	0.00	0.76	0.68	7.4	27.3	147	1906-1910
1911-1915	731,677	17.6	24.8	16.4	..	0.50	0.12	0.14	0.25	..	0.05	..	0.84	0.67	7.9	30.8	133	1911-1915
1916-1920	770,330	16.7	19.2	14.1	..	0.24	0.04	0.08	0.21	..	0.02	0.00	0.30	0.49	6.4	32.3	105	1916-1920

The populations and rates prior to 1891 are those for the Unions of Manchester, Chorlton, and Prestwich, which have been taken to approximately represent "Manchester". The City was extended to include Moss Side and Withington in November 1904, to include Gorton and Levenshulme in November 1909, and now nearly coincides in area with the three Unions.

Manchester—Annual rates of mortality from certain causes of death.

Year	Annual rates per 1,000 persons living.										Rates per 1,000 births	
	Cancer.	Tuberculous peritonitis Tabes mesenteric	Phthisis	Other tuberculous diseases	Diseases of nervous system	Diseases of heart and blood vessels	Diseases of respiratory system	Diseases of digestive system	Diseases of urinary system	Diseases of generative system	Puerperal fever	Childbirth
1891-1895	0·62	0·22	2·09	0·75	1·75	2·53	5·56	1·07	0·52	0·07	2·75	3·42
1896-1900	0·73	0·19	2·04	0·63	1·32	2·54	5·03	1·04	0·49	0·09	1·55	1·51
1901-1905	0·80	0·16	1·94	0·55	1·17	2·56	4·29	0·95	0·49	0·08	1·21	1·76
1906-1910	0·88	0·14	1·65	0·45	0·95	2·56	3·75	0·84	0·54	0·07	1·28	1·49
1911-1915	1·01	0·12	1·59	0·38	0·79	2·34	3·45	0·68	0·09	0·09	1·24	2·14
1916-1920	1·08	0·09	1·39	0·28	0·54	2·27	2·98	0·51	0·47	0·06	1·58	1·82

I again express my grateful thanks to the Chairman of the Health Committee and to the members of the Health Committee for their continuing support and encouragement in providing the health services of the City and also to the members of the staff of the Health Department for their able and efficient help.

I have the honour to be,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

CHARLES METCALFE BROWN,

Medical Officer of Health.

Health Committee

CHAIRMAN—Councillor K. Collis.

DEPUTY CHAIRMAN—Councillor W. Higgins.

THE LORD MAYOR—Alderman B. S. Langton J.P.

Alderman Mrs. Nellie Beer, O.B.E., J.P.	Councillor G. Conquest (from 26-5-65)
„ W. Chadwick, . J.P., M.B., CH.B.	„ J. Dean
„ Miss Rachel Finkel, J.P. (to 25-5-65)	„ T. O. Hamnett
„ Mrs. Eveline Hill, J.P.	„ K. J. Hill
<div style="border: 1px solid black; padding: 2px;">Mrs. Mary Knight (died 24-2-65)</div>	„ M. Johnson
„ W. Onions, M.B.E., J.P., M.A. (to 25-5-65)	„ Mrs. Thelma M. Kay, J.P. (to 16-5-65)
„ Miss Lily Thomas, J.P.	„ D. G. Massey, T.D. (from 26-5-65)
„ R. E. Thomas, J.P.	„ T. Mountford (from 26-5-65)
Councillor Mrs. Sonia D. Alexander	„ H. P. D. Paget (from 26-5-65)
„ T. Baron (to 30-11-65)	„ H. Pigott, M.B., CH.B.
„ B. J. Cox (from 1-12-65)	„ F. H. Price (to 16-5-65)
„ P. Buckley, M.B., B.CH., B.A.O.	„ J. Taylor, J.P., M.B., CH.B.
„ B. Conlan, M.P.	„ T. Thomas
	„ A. Williamson, M.B.E.

Sub-committees

The following sub-committees are appointed to carry out certain of the duties referred to the Health Committee; these are shown below. The sub-committees' proceedings are subject to approval by the Health Committee.

Sanitary

Sanitation and buildings; nuisance and offensive trades; common lodging-houses; houses let in lodgings and houses in multiple occupation; offices, shops and railway premises; factories and workplaces; provisions regarding food and drugs and the inspection of meat; poisons and pharmacy; public conveniences; the granting of certificates of disrepair under the Rent Act, 1957; applications for grants for improvements to or conversions of houses; the Rag Flock and Other Filling Materials Act, 1951; the Shops Act, 1950; the Young Persons (Employment) Act, 1938; the abatement of smoke nuisances and atmospheric pollution; hairdressers' registration; persons trading in food on open sites; animal boarding establishments and all questions relating to the management and administration of the Sanitary Services Division with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Maternity and Child Welfare

Maternity and child welfare, including all the duties in the proposals of the City Council under the National Health Service Acts relating to midwifery, health visiting, care of mothers and young children (excepting the portion relating to the management of Knowle House), home nursing, prevention of illness, care and after-care and home helps; the cleansing of persons infested with vermin; the control and management of day nurseries; and the administration of the Nursing Services Division with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Mental Health

All matters arising out of the proposals of the City Council under the National Health Service Acts concerning mental health, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Ambulance and Transport

The control and management of ambulances and ambulance stations, passenger cars and other vehicles and garages, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Residential Homes

The control and management of the Dr. Garrett Memorial Home, Knowle House, Langho Colony, Ashton House and Walton House, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants, and the purchase of bulk supplies.

Staff

The appointment of staff, salaries, wages and conditions of service of officers and servants in the employ of the Health Committee.

Health Officers

Medical

C. Metcalfe Brown, M.D., D.P.H., Barrister-at-Law	Medical Officer of Health and Principal School Medical Officer
A. J. Essex-Cater, M.R.C.S., L.R.C.P., D.C.H., D.P.H., D.I.H., F.R.A.I. ..	Deputy Medical Officer of Health and Deputy Principal School Medical Officer.
B. J. Griffiths, B.Sc., M.R.C.S., L.R.C.P., D.P.H.	Administrative Medical Officer— General
Anna E. Jones, M.B., B.Ch., B.A.O., D.G.O., D.P.H.	Administrative Medical Officer— Nursing Services
A. Butterworth, M.B., B.S., D.P.H., D.I.H.	Deputy Administrative Medical Officer—General
Paula Ruth Vanstone, B.A., M.B., BChir., M.R.C.S., L.R.C.P., D.Obst., R.C.O.G.	Deputy Administrative Medical Officer —Nursing Services.
F. C. Leach, M.B., Ch.B.	Medical Officer—Immunization and Vaccination
E. Howard Kitching, M.D., M.R.C.P., M.R.C.S., D.P.M.	Consultant Psychiatrist (part-time)
W. Robinson, M.C., M.D., M.R.C.P. ..	Consultant Chest Physician (part-time)

Other professional

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H. . . .	Chief Public Health Inspector
A. N. Leather, B.Sc., F.R.I.C.	Public Analyst
F. P. Lawton, M.R.C.V.S., D.V.S.M. ..	Chief Veterinary Officer

Lay

C. W. Wilkinson	Chief Administrative Assistant— General Services Division
N. J. Moulton, A.M.INST.T.	Chief Administrative Assistant— Nursing Services Division
T. Simpson B.A.(Admin.)	Chief Administrative Assistant— Mental Health Services Division

Number of staff employed in the Health Department in December, 1965

Types of staff	Numbers employed			
	Full-time	Part-time	Totals—full-time and part-time	Approx. full-time equivalent
Administrative medical officers	6	—	6	6
Clinical medical officers	12	22	34	15
Analytical chemists and laboratory assistants	8	—	8	8
Veterinary officers	3	—	3	3
Nursing:—				
Health visitors, clinic nurses, etc.	112	15	127	119
Home nursing	100	31	131	115
Midwifery	69	6	75	73
Day nurseries	233	—	233	233
Residential homes	110	1	111	110
Other	9	—	9	9
Physiotherapists	—	2	2	1
Chiropodists	5	—	5	5
Occupational therapists	2	—	2	2
Children's wardens.. .. .	3	—	3	3
Social workers	27	—	27	27
Residential hostel wardens and assistants	10	—	10	10
Training centre supervisors and assistants	34	—	34	34
Handicraft instructors	16	2	18	17
Public health inspectors	64	—	64	64
Student public health inspectors	22	—	22	22
Technical assistants (smoke)	16	—	16	16
Technical assistants (housing)	9	—	9	9
Meat and food inspectors	12	—	12	12
Trainee meat and food inspectors	2	—	2	2
Administrative and clerical	178	15	193	185
Ambulance operational control and supervision ..	23	—	23	23
Storekeepers and assistants	6	—	6	6
Supervisors—public conveniences	2	—	2	2
Operational, manual workers, etc.:—				
Home helps	149	280	429	295
Ambulance, transport and disinfection	178	3	181	179
Domestic staff in residential homes	99	3	102	101
Public conveniences service	81	16	97	89
Domestic staff in municipal hostels	61	—	61	61
Domestic staff in day nurseries.. .. .	41	32	73	57
Child welfare centre cleaners	28	20	48	38
Rodent operatives	13	—	13	13
Bath attendants—home nursing services.. .. .	10	1	11	11
Others	14	75	89	50
Totals	1,767	524	2,291	2,025

Note :—Five district midwives of the St. Mary's Hospital extern service are employed on an agency basis and are not included above.

Section I

General Services Division

General statistics

Meteorology

Vital statistics

Registrar General's abstract

Infectious disease and epidemiology

Venereal diseases

General medical services

Radioactivity

Health education

Ambulance and transport service

Disinfection service

Residential homes

 Langho Colony for sane epileptics

 Dr. Garrett Memorial Home for convalescent children

Municipal hostels

 Ashton House for women

 Walton House for men

Registration of nursing homes and nursing agencies

General Statistics

Population:—

Registrar General's estimated population mid-year, 1965

		Males	307,250				
		Females	331,110	..	..	..	638,360
Census population, 1961	..	Males	318,528				
		Females	343,263	..	..	..	661,791

Deaths :—

Number of deaths	..	..	..	Males	4,041				
				Females	3,825	..	..	..	7,866
Death rate per 1,000 of population				Males	13.15				
				Females	11.55	..	..	..	12.32
Comparability factor	..	..	..	..	..	..	..	..	1.14
Death rate as adjusted by factor	..	..	..	..	..	..	..	..	14.04
Percentage of mortality occurring in institutions	..	..	..	..	..	..	..	..	51.88

Births :—

		Males	Females	Totals				
Live births	Legitimate	5,559	5,182	10,741				
	Illegitimate	894	882	1,776	..	..		12,517
Live birth rate per 1,000 of population		..	..	..	..	..	..	19.61
Comparability factor	..	..	..	..	..	..	..	1.00
Birth rate as adjusted by factor	..	..	..	..	..	..	..	19.61
Illegitimate live births per cent. of total live births	..	..	..	..	..	..	..	14.19
		Males	Females	Totals				
Stillbirths	Legitimate	123	92	215				
	Illegitimate	18	25	43	..	..		258
Total live and stillbirths	..	..	..	..	..	..	..	12,775
Stillbirth rate per 1,000 total births (live and still)	..	..	..	..	..	..	..	20.20

Infant mortality :—

Deaths of all infants under one year	..	..	..	..	..	..	..	337
Rate per 1,000 total live births	..	..	..	..	..	..	..	26.92
Deaths of legitimate infants under one year	..	..	..	..	..	..	..	280
Rate per 1,000 legitimate live births	..	..	..	..	..	..	..	26.07
Deaths of illegitimate infants under one year	..	..	..	..	..	..	..	57
Rate per 1,000 illegitimate live births	..	..	..	..	..	..	..	32.09

Neonatal mortality :—

Deaths of infants under four weeks	213
Rate per 1,000 total live births	17·02

Early neonatal mortality :—

Deaths of infants under one week	190
Rate per 1,000 total live births	15·18

Post-neonatal mortality :—

Deaths of infants over four weeks and under one year	124
Rate per 1,000 total live births	9·91

Perinatal mortality :—

Stillbirths and deaths of infants under one week	448
Rate per 1,000 total births (live and still)	35·07

Maternal mortality :—

	Deaths	Rate per 1,000 total births	
Sepsis of pregnancy and abortion	2	0·16	
Other maternal causes	4	0·31	0·47
Excess of births over deaths			4,651

General

Number of persons married per 1,000 of population	17·80
Area of the City in acres	27,255
Number of persons per acre	23·42
Number of occupied structurally separate dwellings (Census 1961) ..	205,006
Persons per occupied structurally separate dwelling (Census 1961) ..	3·23
Number of houses according to Rate Book (1st April, 1965)	201,804
Persons per house	3·16
Rateable value (1st April, 1965)	£27,669,854
Sum represented by a penny rate (estimated)	£109,000

Number of new houses erected during 1965 :—

By local authority	3,430
By other bodies or persons	561
	3,991

Social and Economic Conditions

The County Borough of Manchester is responsible for all local government services within the City boundary and, also, for the sewage disposal and transport services of certain local authorities adjacent to Manchester. The water supply, drawn from the Peak District of Derbyshire and from the Lake District, is supplied to a number of local authorities en route to Manchester.

The population is 638,360 and reduces slightly each year as the slums are demolished and better spaced municipal houses replace them, but within ten miles of the City centre there are $2\frac{1}{4}$ million people of whom 400,000 travel to work in Manchester each day.

Principal industries include light and heavy engineering, manufacture of electronic equipment, manufacture of textiles and garments and the production of chemicals. Cotton no longer plays a significant part in the commercial activities of the City which, principally, are distribution, professional services, insurance, banking and finance. Manchester is one of the most prosperous cities in Britain with unemployment standing at only one per cent. and rising only imperceptibly during periods of recession elsewhere.

As a commercial city, with the third busiest seaport in Britain, the second busiest airport, four major main-line railway terminals and extensive goods handling yards, the transport facilities of the area satisfy the businessman's demands for himself and his goods.

A scheme for a major highway network has been approved by the City Council and is included in the City Development Plan. This scheme is being developed in conjunction with the proposals arising from the traffic survey of the principal routes in South-East Lancashire and North-East Cheshire (the SELNEC Plan).

Manchester University is the largest university outside Oxford, Cambridge and London and, as the bulldozers demolish the older buildings surrounding it and new university buildings replace them a new "university quarter" is rapidly developing between the university and the College of Science and Technology. Manchester Grammar School continues to gain a higher number of open awards for Oxford and Cambridge universities than any other British school. There are also eight other direct grant grammar schools in the City and the Manchester Education Authority is responsible for a number of colleges of education, further education establishments, grammar schools, technical high schools, comprehensive schools, secondary modern schools and primary schools, as well as special schools for children who are educationally sub-normal, maladjusted, or physically handicapped, etc.

Manchester had one of the first free public libraries in Europe which still stands in its 15th century buildings: in the 17th century, Humphrey Chetham, a Manchester merchant, provided for it in his will. The great John Rylands library, opened at the beginning of this century as a memorial to John Rylands, another Manchester merchant, attracts scholars from all over the world to its collection of ancient manuscripts and bibliographia. The City also has one of the world's finest public library systems; indeed, the Central Library has a reference section comprising over 300,000 volumes.

The City's Art Gallery has a collection of pictures which is one of the most important in the country and now also houses the Assheton Bennett Collection of silver and pictures valued at one million pounds. The Gallery of English Costume (one of the City's five branch galleries) has a vast collection of costume covering the past two hundred years.

Meteorology

The following summary of the weather in Manchester during the year has been provided by the meteorological officer in charge of the Manchester Weather Centre:—

Winter (December 1964, January and February). Colder than the previous year; wettest and duller since 1961.

Spring (March, April, May). Cooler and drier than 1964; sunniest since 1962.

Summer (June, July, August). Cooler and drier than 1964 though with about the same amount of sunshine.

Autumn (September, October, November). Coldest since 1952 and wetter and duller than 1964.

February once again was exceptionally dry with only fractionally more rainfall than in 1963 which was the second driest on record.

March was the sunniest since 1956 and the 29th of the month was the sunniest March day on record and the warmest since 1946.

The only bright feature of a once more disappointing summer which failed to produce more than two or three day spells of warm sunny weather, was a period of about a week in the first half of August with sunny days and temperatures in the high 70's. This, however, was quickly followed by a wet spell of about 6 weeks, nearly $8\frac{1}{2}$ inches of rain falling in the City Centre between 20th August and the end of September, making September the wettest since 1918.

October in contrast, contained a spell of 24 days during which measureable rain fell on only three. This was the driest October since 1951.

New records were set by November, which was the sunniest on record and December which was the wettest December since records began in 1877 and the wettest of any month since August 1956.

Dense fog occurred twice in January, once in November and twice in December, the fog on 7th December causing massive traffic congestion in Manchester.

The yearly figures show a year of average temperature and more than average rainfall. Sunshine recorded in the City was less than average though Manchester Airport had rather more than its normal quota.

Warmest day—79·7°F. on 14th May.

Coldest night—19·0°F. on 29th December.

Wettest day—1·65 inches on 13th July.

Sunniest day—14·2 hours on 19th May.

The figures in the following table have been received from the Meteorological Office weather centre in Manchester.

Extracts from readings taken at the City weather centre, Royal Exchange, Manchester, 2													Extracts from readings taken at Manchester Airport				
Month		Mean maximum temperature (°Centigrade)	Mean minimum temperature (°Centigrade)	Mean temperature (°Centigrade)	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.	Mean temperature (°Centigrade)	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.				
January	..	6.3	2.5	4.4	3.50	12	27.9	8	3.4	3.04	15	49.6	5				
February	..	6.4	2.7	4.5	0.24	3	26.3	1	3.4	0.24	2	34.2	1				
March	..	10.1	3.1	6.6	1.33	9	130.2	5	5.6	1.50	8	139.5	—				
April	..	12.0	5.5	8.7	1.96	11	138.3	5	7.9	2.29	13	140.4	2				
May	..	15.7	8.8	12.3	2.70	11	133.3	—	11.7	2.84	12	145.7	—				
June	..	19.4	11.1	15.3	1.99	11	162.3	1	14.7	2.24	11	180.0	—				
July	..	17.2	11.5	14.4	4.34	11	89.9	—	14.0	2.84	11	105.4	—				
August	..	19.0	12.2	15.6	2.60	9	155.5	—	14.9	1.95	10	168.9	—				
September	..	16.0	10.0	13.0	6.56	17	81.5	2	12.3	6.72	16	92.0	1				
October	..	15.6	9.4	12.5	1.66	8	110.0	6	11.4	1.62	7	130.2	2				
November	..	7.5	3.5	5.5	2.87	11	62.1	3	4.5	2.17	10	75.9	—				
December	..	7.0	3.5	5.1	7.56	22	25.4	4	4.2	7.08	19	46.2	1				
Totals	..	..	..	..	37.31	135	1142.7	35	..	34.53	134	1308.0	12

Causes of Death by Age
Registrar General's Return—Manchester

VITAL STATISTICS

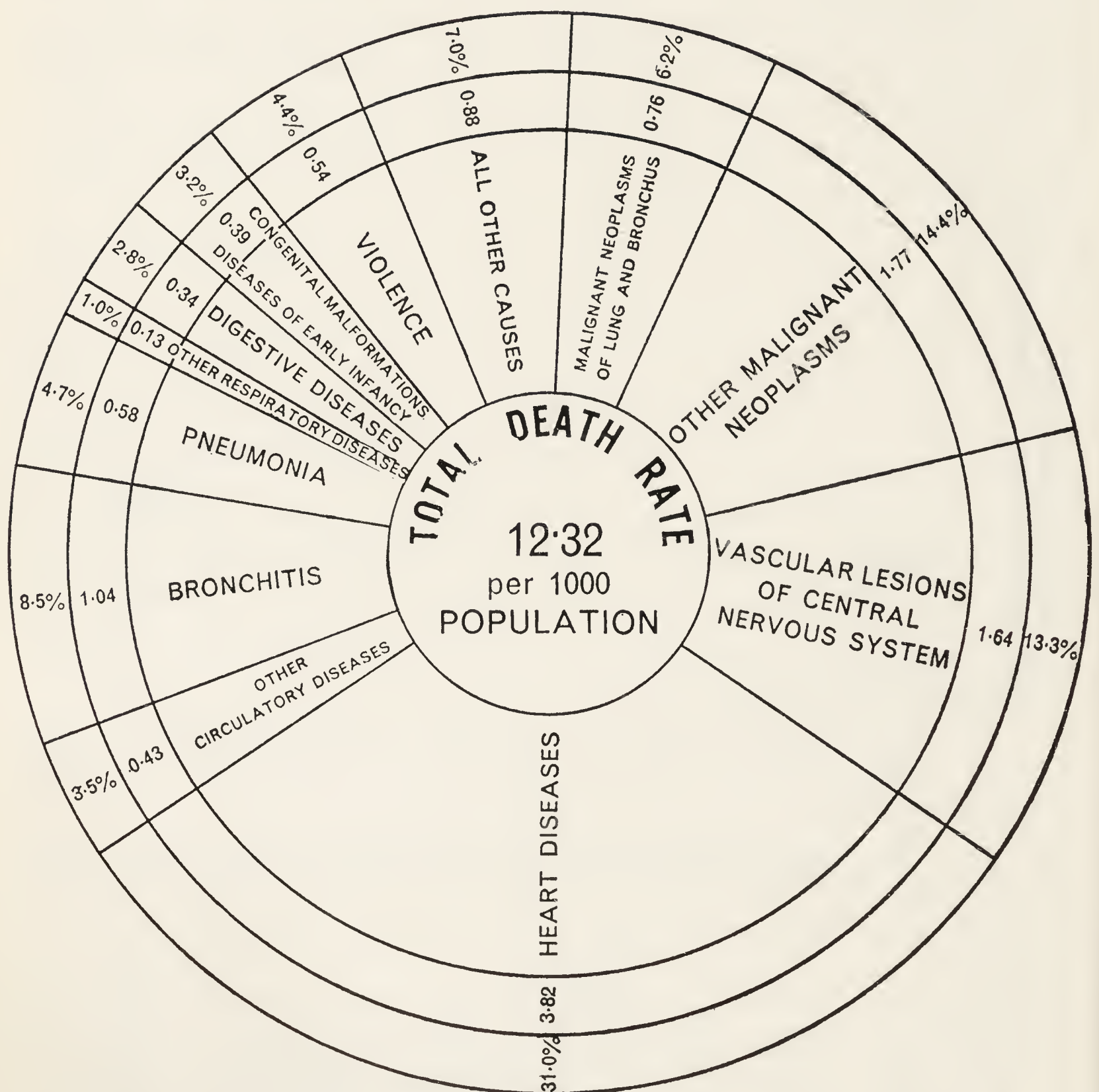
CAUSES OF DEATH	Sex	Total all Ages	Age Group											
			Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75 and over	
Tuberculosis, respiratory	M	41	—	—	—	—	—	—	1	3	10	8	15	4
Tuberculosis, other	F	4	—	—	—	—	—	—	—	—	2	2	2	—
Syphilitic disease	M	2	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	F	11	—	—	—	—	—	—	—	—	2	3	5	1
Whooping cough	M	7	—	—	—	—	—	—	—	1	1	1	3	1
Meningococcal infections	F	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	M	1	—	—	1	—	—	—	—	—	—	—	—	—
Measles	F	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases	M	—	—	—	—	—	—	—	—	—	—	—	—	—
Malignant neoplasm, stomach	F	11	—	4	—	1	—	1	—	2	—	3	—	1
Malignant neoplasm, lung, bronchus	M	4	—	—	—	—	—	—	—	1	8	43	37	1
Malignant neoplasm, breast	F	110	—	—	—	—	—	—	—	2	10	15	28	20
Malignant neoplasm, uterus...	M	79	—	—	—	—	—	—	—	7	67	164	117	26
Other malignant and lymphatic neoplasms	F	407	—	—	—	—	—	—	2	7	15	22	19	50
Leukaemia, aleukaemia	M	81	—	—	—	—	—	—	1	—	—	1	—	17
Diabetes	F	1	—	—	—	—	—	—	—	13	19	37	33	—
Vascular lesions of central nervous system	M	123	—	—	—	—	—	—	2	—	—	—	—	19
Coronary disease, angina	F	59	—	—	—	—	—	—	—	5	17	18	11	6
Hypertension with heart disease	M	368	—	1	2	3	2	2	2	17	43	99	104	95
	F	349	—	—	—	1	1	—	1	9	42	69	112	115
	M	23	—	—	—	—	—	—	—	2	6	5	6	2
	F	18	—	—	—	1	1	—	—	1	2	2	5	5
	M	19	—	—	—	—	—	—	—	1	2	6	5	4
	F	50	—	—	—	1	—	—	—	1	1	6	15	26
	M	389	—	—	—	—	—	—	2	5	17	74	140	151
	F	658	—	—	—	—	—	—	2	6	25	66	149	410
	M	867	—	—	—	—	—	—	6	35	95	296	253	182
	F	599	—	—	—	—	—	—	1	4	29	109	222	234
	M	48	—	—	—	—	—	—	—	—	2	17	15	14
	F	53	—	—	—	—	—	—	—	—	2	3	16	32

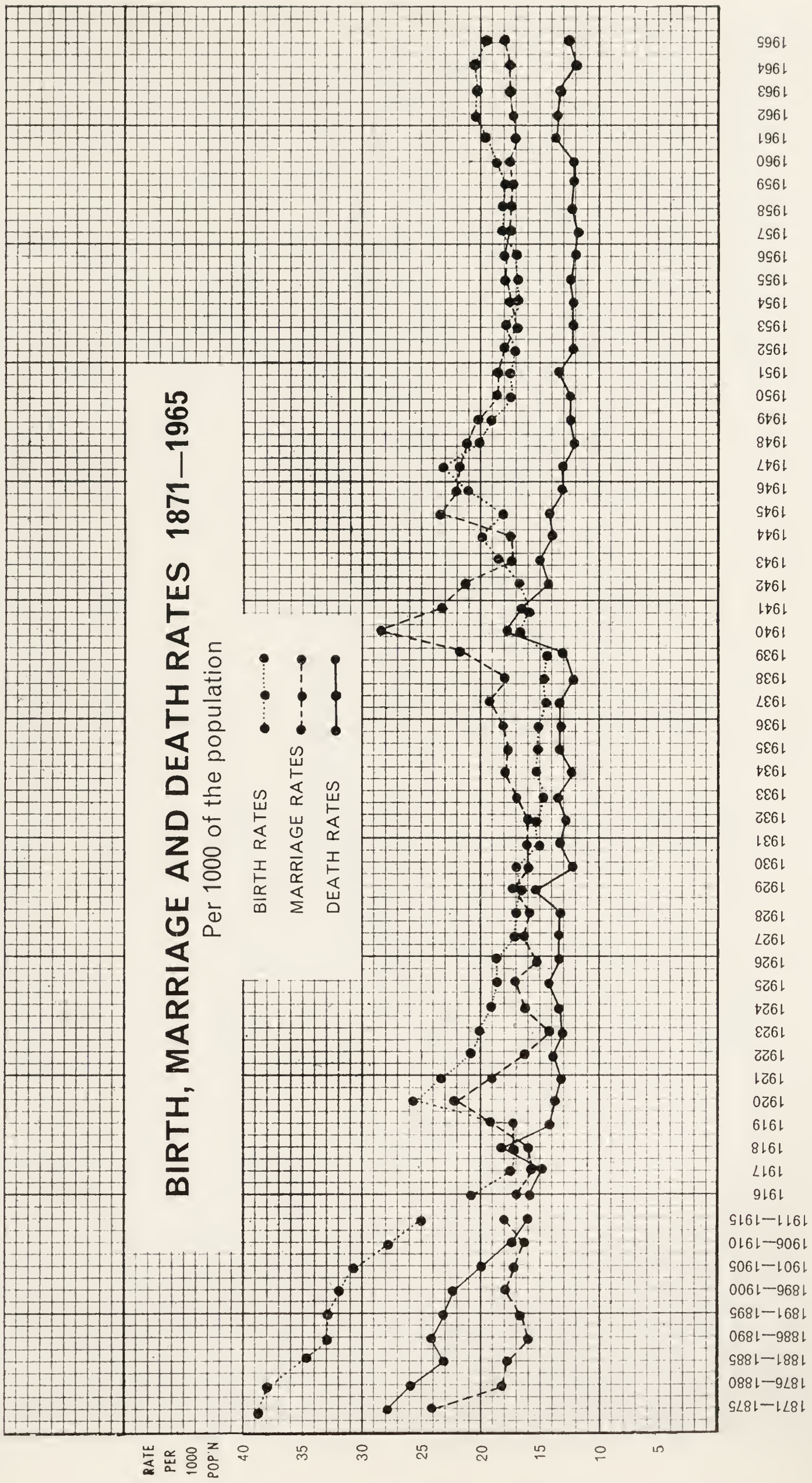
Causes of Death by Age
Registrar General's Return—Manchester—cont'd.

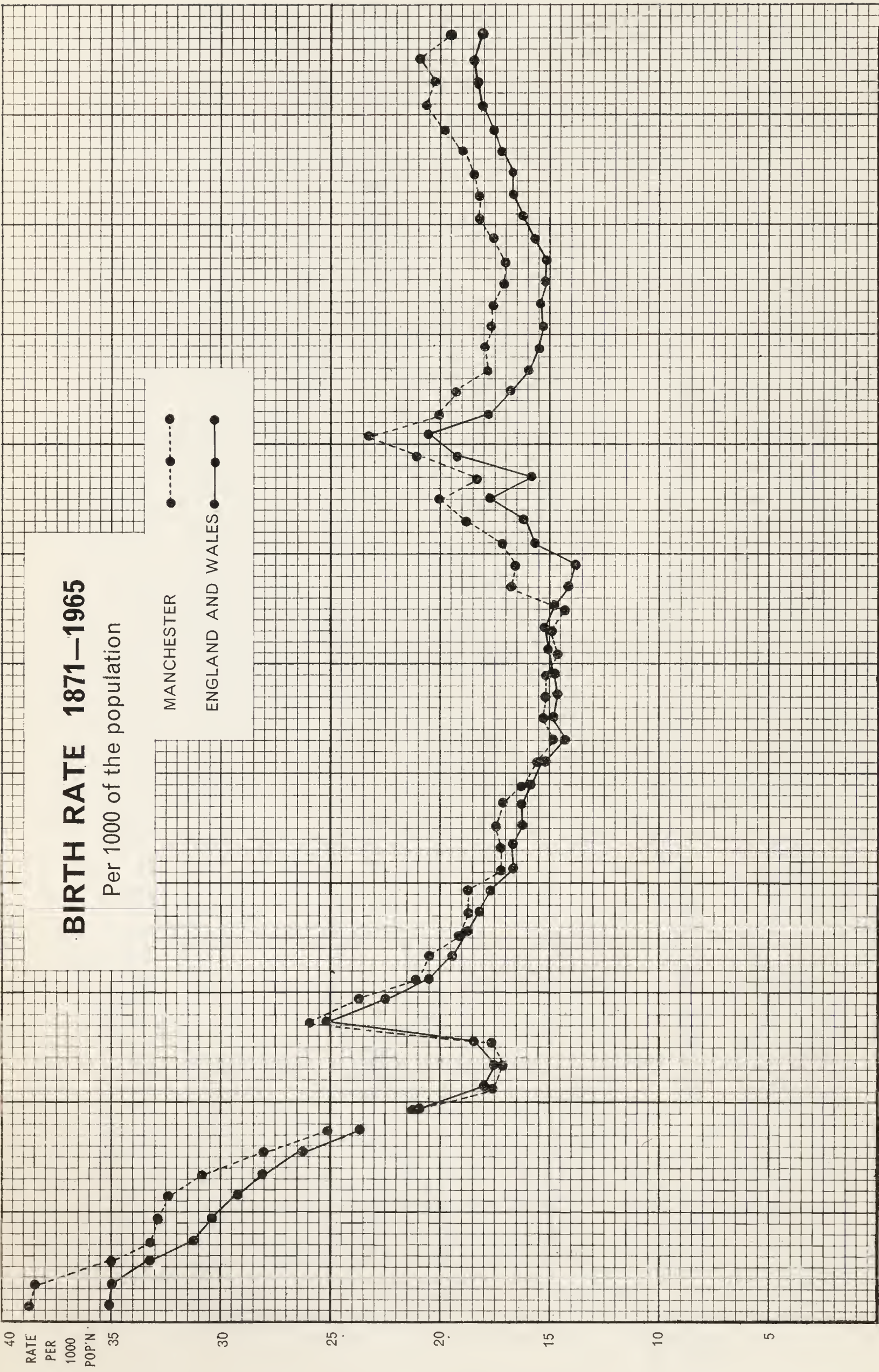
CAUSES OF DEATH	Sex	Total all ages	Age Group										75 and over
			Under 4 weeks	4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	
Other heart disease ..	M	345	—	—	—	1	—	3	10	21	52	87	171
	F	529	—	—	—	—	1	2	10	25	40	99	352
Other circulatory diseases ..	M	110	—	—	—	—	—	2	3	13	24	28	39
	F	167	—	—	—	—	—	1	3	6	8	38	111
Influenza ..	M	9	—	1	—	—	—	1	3	—	1	2	1
	F	4	—	—	—	—	—	—	—	—	—	—	2
Pneumonia ..	M	181	10	25	5	1	—	3	4	11	27	35	60
	F	187	3	26	2	1	—	2	—	8	14	30	101
Bronchitis ..	M	454	—	6	2	1	—	—	7	32	113	180	113
	F	212	—	5	3	—	—	1	5	8	35	53	102
Other diseases of respiratory system	M	41	—	3	1	—	—	—	2	5	9	11	10
	F	28	—	—	—	—	—	—	—	4	4	2	18
Ulcer of stomach and duodenum	M	35	—	—	—	—	—	—	2	2	10	11	10
	F	22	—	—	—	—	—	—	—	—	4	8	10
Gastritis, enteritis and diarrhoea	M	17	—	7	1	—	—	—	1	1	2	1	4
	F	21	—	2	1	—	—	—	—	2	3	5	8
Nephritis and nephrosis ..	M	21	—	1	1	—	—	—	1	2	4	1	7
	F	22	—	1	1	—	—	2	2	5	4	7	5
Hyperplasia of prostate	M	14	—	—	—	—	—	—	—	—	—	4	10
Pregnancy, childbirth, abortion	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	—	5	1	—	—	—	—
Congenital malformations ..	M	39	18	14	2	1	—	1	—	2	1	—	—
	F	31	10	14	2	2	—	—	—	—	—	—	2
Other defined and ill-defined diseases	M	264	98	2	1	3	4	5	12	15	33	31	60
	F	379	72	2	4	6	4	9	10	21	32	66	153
Motor vehicle accidents ..	M	65	—	—	2	3	15	9	7	5	5	9	10
	F	36	—	—	—	2	5	2	—	1	5	11	10
All other accidents ..	M	103	2	6	—	4	13	12	9	12	14	10	15
	F	61	—	4	4	1	3	2	3	5	4	11	24
Suicide ..	M	40	—	—	—	—	3	8	6	4	10	6	3
	F	34	—	—	—	—	2	3	6	6	10	5	2
Homicide and operations of war	M	5	—	—	—	2	—	1	—	—	2	—	—
	F	2	—	—	—	—	—	2	—	—	—	—	—
Totals ..	M	4041	128	70	26	20	39	59	141	382	1026	1113	1037
	F	3825	85	54	17	15	17	41	89	253	511	951	1792
	All	7866	213	124	43	35	56	100	230	635	1537	2064	2829

DEATHS FROM PRINCIPAL CAUSES

RATE per 1000 POPULATION
AND
PERCENTAGE of TOTAL DEATHS







1871-1875
1876-1880
1881-1885
1886-1890
1891-1895
1900-1905
1906-1910
1911-1915
1916
1917
1918
1919
1920
1921
1922
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1947
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1951
1952
1953
1954
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1957
1958
1959
1960
1961
1962
1963
1964
1965

RATE
PER
1000
POP'N

DEATH RATE 1871-1965

Per 1000 of the population

MANCHESTER

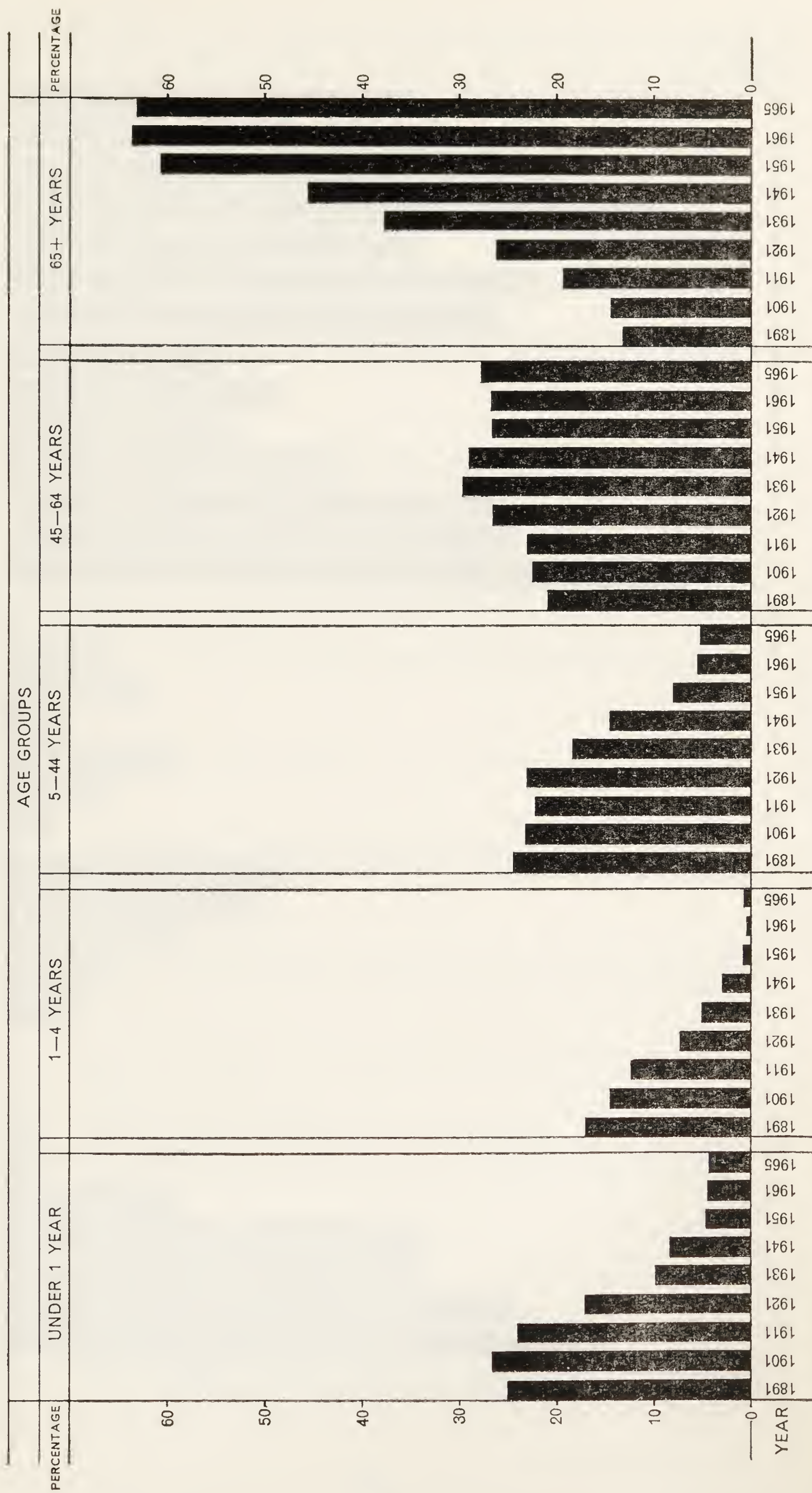
ENGLAND AND WALES

1871-1875 1876-1880 1881-1885 1886-1890 1891-1895 1901-1905 1906-1910 1911-1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965

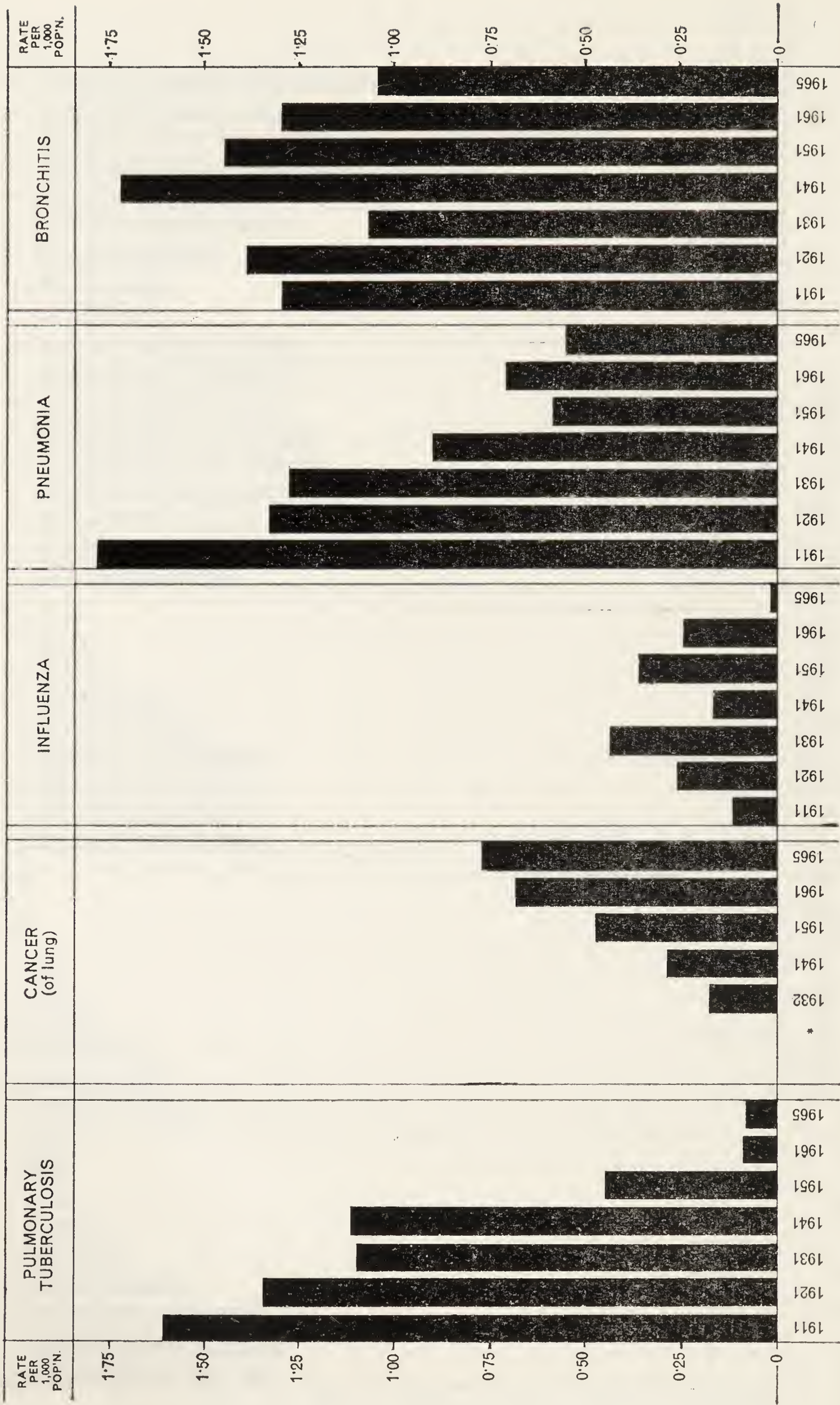
Deaths in age groups and percentages of total deaths

Year	Total number of deaths	Age groups and percentages									
		0—		1—4		5—44		45—64		65—	
		No.	%	No.	%	No.	%	No.	%	No.	%
1891 ..	13,202	3,299	24·99	2,225	16·85	3,178	24·07	2,756	20·88	1,744	13·21
1901 ..	11,801	3,114	26·39	1,676	14·20	2,725	23·09	2,627	22·26	1,659	14·06
1911 ..	12,272	2,901	23·64	1,516	12·35	2,711	22·09	2,790	22·74	2,354	19·18
1921 ..	10,093	1,707	16·91	728	7·21	2,313	22·92	2,687	26·62	2,658	26·34
1931 ..	10,618	1,027	9·67	503	4·74	1,943	18·30	3,144	29·61	4,001	37·68
1941 ..	10,016	832	8·31	265	2·65	1,467	14·65	2,886	28·81	4,566	45·58
1951 ..	9,676	439	4·54	64	0·66	748	7·73	2,568	26·54	5,857	60·53
1959 ..	8,397	325	3·87	39	0·46	456	5·43	2,199	26·19	5,378	64·05
1960 ..	8,269	366	4·43	39	0·47	421	5·09	2,181	26·38	5,262	63·63
1961 ..	8,910	388	4·35	36	0·40	457	5·13	2,369	26·59	5,660	63·53
1962 ..	8,767	413	4·71	47	0·54	424	4·84	2,336	26·64	5,547	63·27
1963 ..	8,504	391	4·60	62	0·73	449	5·28	2,338	27·49	5,264	61·90
1964 ..	7,715	382	4·95	38	0·49	421	5·46	2,082	26·99	4,792	62·11
1965 ..	7,866	337	4·29	43	0·55	421	5·35	2,172	27·61	4,893	62·20

DEATHS in VARIOUS AGE GROUPS, percentage of TOTAL DEATHS
1891—1965



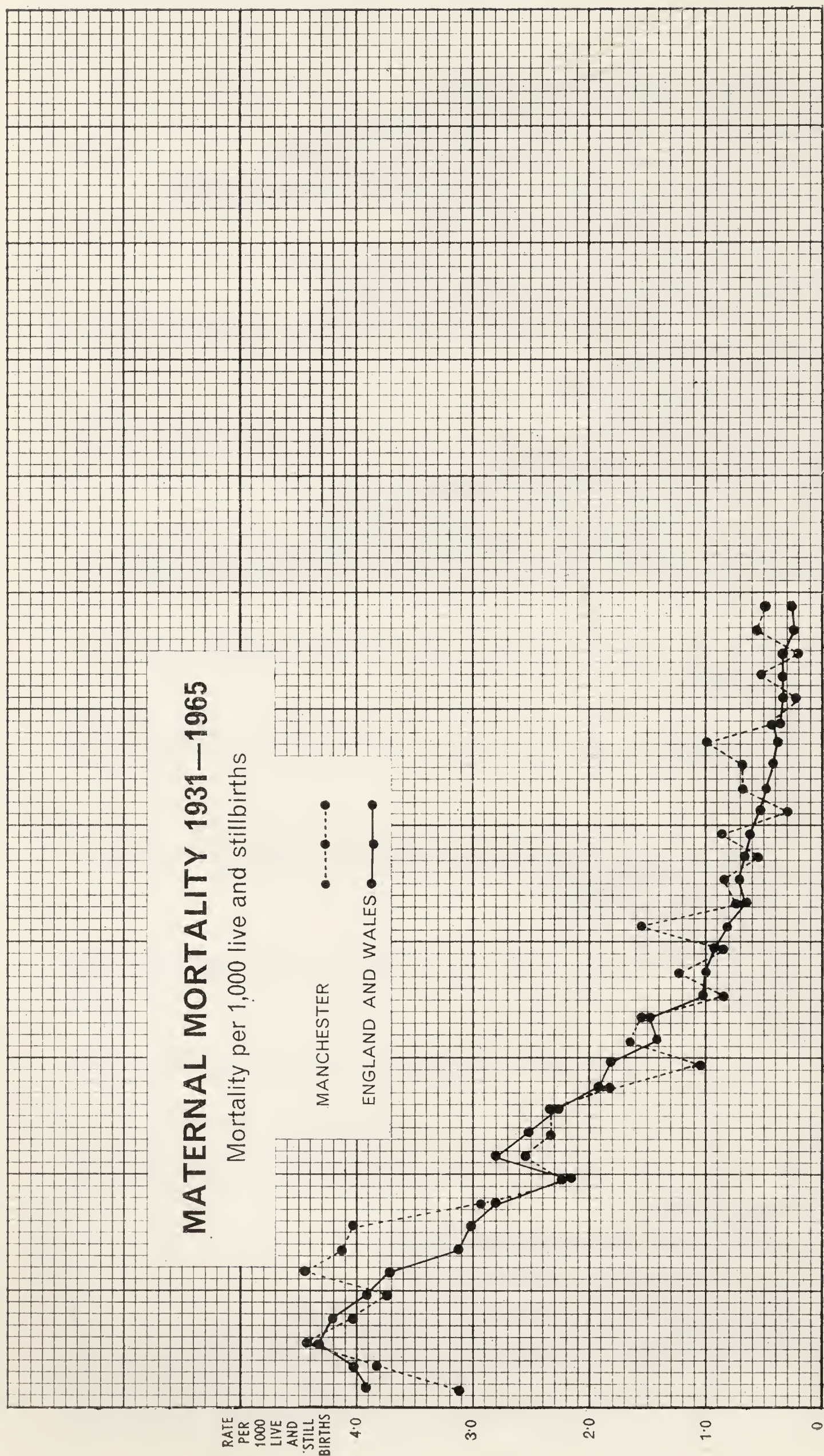
DEATH RATES from RESPIRATORY DISEASES (PER 1000 POPULATION)

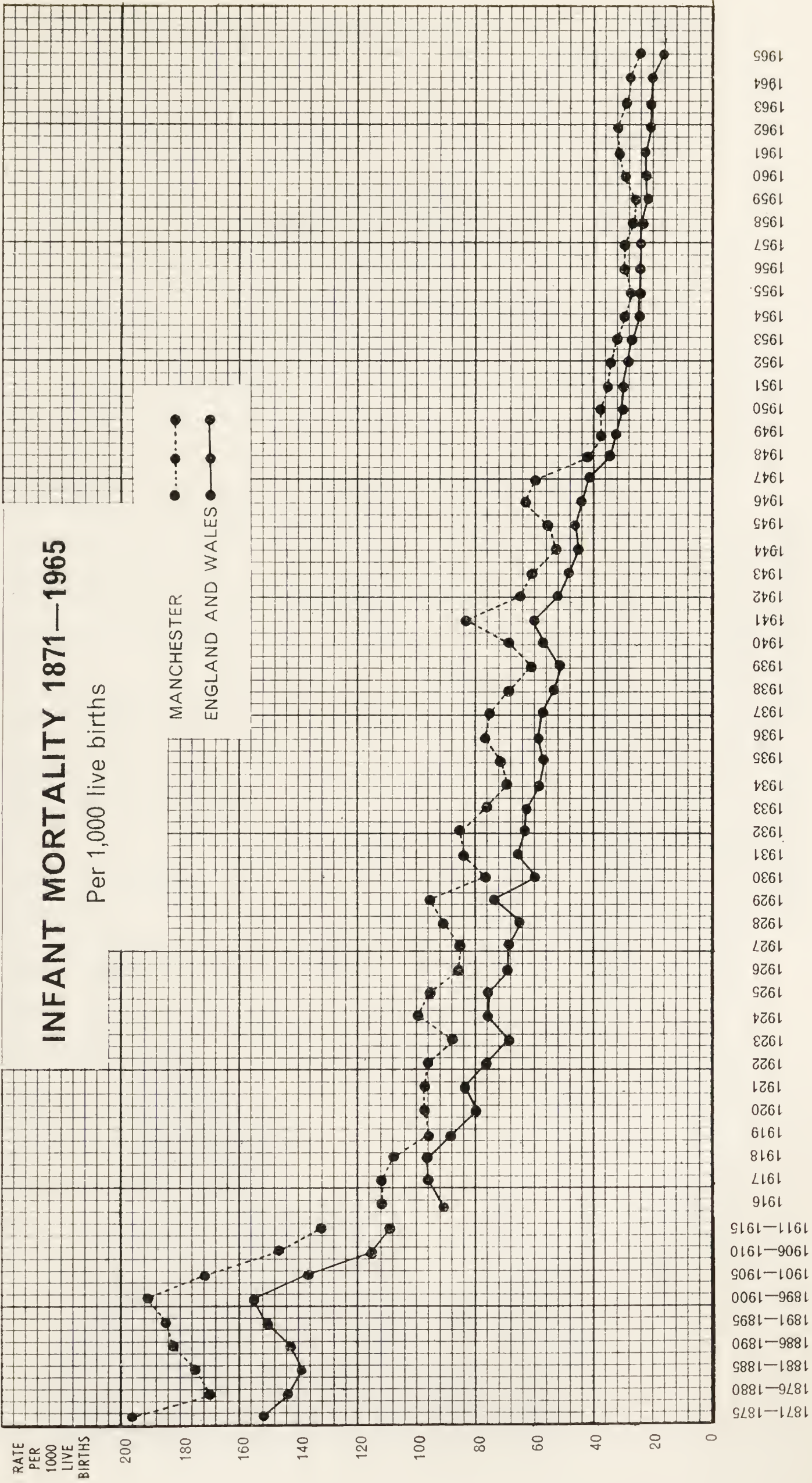


* NO FIGURES ARE AVAILABLE PRIOR TO 1932 FOR CANCER (of LUNG)

Ward population, area, density, births and deaths
(figures compiled in the department)

WARDS	Estimated population	Area in acres	Persons per acre	Live births			Deaths		Deaths under one year of age		
				Legitimate	Illegitimate	Totals	Rate per 1,000 population	Totals	Legitimate	Illegitimate	Totals
CITY OF MANCHESTER ..	638,360	27,255	23.42	10741	1776	12517	19.61	7,860	280	56	336
Alexandra Park ..	20,007	780	25.68	329	85	414	20.69	264	10	1	11
All Saints ..	9,195	315	29.19	165	42	207	22.51	98	5	1	6
Ardwick ..	14,132	436	32.41	340	56	396	28.02	147	8	1	9
Baguley ..	25,272	1,405	17.99	250	26	276	10.92	199	5	—	5
Barlow Moor ..	15,035	1,120	13.42	145	46	191	12.70	323	2	1	3
Benchill ..	24,791	1,027	24.14	278	38	316	12.75	199	4	1	5
Beswick ..	16,603	243	68.32	428	35	463	27.88	222	14	1	15
Blackley ..	21,974	1,226	17.92	287	20	307	13.97	307	3	2	5
Bradford ..	19,338	772	25.05	347	32	379	19.59	279	11	1	12
Burnage ..	19,221	737	26.08	211	26	237	12.33	258	3	—	3
Cheetham ..	13,895	446	31.15	324	71	395	28.43	165	10	4	14
Chorlton-cum-Hardy ..	18,921	849	22.29	294	84	378	19.98	228	6	2	8
Collegiate Church ..	12,869	501	25.69	303	87	390	30.31	158	11	2	13
Crumpsall ..	26,095	1,805	14.46	338	37	375	14.37	355	9	1	10
Didsbury ..	16,764	1,181	14.19	232	14	246	14.67	215	6	1	7
Gorton North ..	20,595	540	38.14	365	46	411	19.96	264	9	1	10
Gorton South ..	15,203	631	24.09	188	25	213	14.00	203	4	—	4
Harpurhey ..	14,627	372	39.32	419	39	458	31.31	171	9	1	10
Hugh Oldham ..	7,902	498	15.87	134	22	156	19.74	94	3	1	4
Levenshulme ..	16,792	606	27.71	318	36	354	21.08	206	8	—	8
Lightbowne ..	17,304	390	44.37	285	29	314	18.15	223	10	—	10
Longsight ..	15,074	355	42.46	319	79	398	26.40	180	8	5	13
Miles Platting ..	10,149	444	22.86	199	27	226	22.27	152	9	1	10
Moss Side East ..	17,110	277	61.77	494	144	638	37.29	212	12	9	21
Moss Side West ..	18,072	268	67.43	454	193	647	35.80	220	18	3	21
Moston ..	19,298	1,170	16.49	240	17	257	13.32	250	7	1	8
New Cross ..	10,520	354	29.72	225	32	257	24.43	135	8	2	10
Newton Heath ..	16,833	905	18.60	275	15	290	17.23	263	7	—	7
Northenden ..	22,478	1,763	12.75	251	35	286	12.72	213	3	—	3
Old Moat ..	14,839	624	23.78	134	21	155	10.45	205	4	—	4
Openshaw ..	19,670	543	36.22	412	40	452	22.98	280	9	2	11
Rusholme ..	15,421	726	21.24	297	29	326	21.14	207	6	1	7
St. George's ..	11,976	318	37.66	105	31	136	11.36	86	3	1	4
St. Luke's ..	14,052	287	48.96	364	84	448	31.88	184	16	3	19
St. Mark's ..	17,530	517	33.91	345	47	392	22.36	226	10	4	14
St. Peter's ..	4,361	837	5.21	44	7	51	11.69	70	3	1	4
Withington ..	14,809	560	26.44	213	44	257	17.35	184	1	1	2
Woodhouse Park ..	29,633	1,427	20.77	350	35	425	14.34	215	6	—	6





Causes of death in infancy and childhood
(Registrar General's abridged list)
(figures compiled in the department)

CAUSE OF DEATH	Under 1 year					1 to 5 years				Totals under 5 years
	Under 4 weeks	4 weeks to 3 months	3—6 months	6—12 months	Totals	1—2 years	2—3 years	3—4 years	4—5 years	Totals
Meningococcal infections	—	—	—	—	—	1	—	—	—	1
Acute infectious encephalitis	—	—	—	2	2	—	—	—	—	2
Neoplasms, malignant	—	1	—	—	1	1	1	2	1	6
Meningitis (not tubercular)	1	—	1	—	1	—	—	—	—	1
Other diseases of nervous system	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	1	1	—	—	—	—	1
Pneumonia, broncho-	—	13	22	8	43	2	2	1	2	50
Pneumonia, lobar	—	2	1	2	5	—	—	—	—	5
Pneumonia, other	—	1	1	1	3	—	—	—	—	3
Bronchitis	—	2	3	3	8	4	—	1	—	13
Other respiratory diseases	—	1	3	—	4	—	—	—	—	4
Diarrhoea (4 weeks—2 years)	—	5	—	3	8	3	—	—	—	11
Other diseases of digestive system	1	—	—	—	1	—	—	—	—	1
Congenital malformations	28	14	7	7	56	3	—	—	1	60
Birth injury, with immaturity	20	—	—	—	20	—	—	—	—	20
Birth injury, without immaturity	23	—	—	—	23	—	—	—	—	23
Atelectasis, with immaturity	21	—	—	—	21	—	—	—	—	21
Atelectasis, without immaturity	12	—	—	—	12	—	—	—	—	12
Pneumonia of newborn, with immaturity	1	—	—	—	1	—	—	—	—	1
Pneumonia of newborn, without immaturity	12	—	—	—	12	—	—	—	—	12
Diarrhoea of newborn, with immaturity	—	—	—	—	—	—	—	—	—	—
Diarrhoea of newborn, without immaturity	—	—	—	—	—	—	—	—	—	—
Other infections of newborn, with immaturity	—	—	—	—	—	—	—	—	—	—
Other infections of newborn, without immaturity	3	—	—	—	3	—	—	—	—	3
Haemolytic disease of newborn, with immaturity	4	—	—	—	4	—	—	—	—	4
Haemolytic disease of newborn, without immaturity	4	—	—	—	4	—	—	—	—	4
Other disease of early infancy, with immaturity	11	—	—	—	11	—	—	—	—	11
Other disease of early infancy, without immaturity	13	1	—	1	15	—	—	—	—	15
Immaturity, unqualified	54	—	—	—	54	—	—	—	—	54
Suffocation in bed or cradle	—	1	—	—	1	—	—	—	—	1
Accident (motor vehicle)	—	—	—	—	—	1	—	—	1	2
Other violence	2	3	3	3	11	3	4	1	2	21
Other causes	3	1	3	3	10	1	1	1	1	14
All causes	213	45	44	34	336	20	9	6	8	379

There were no deaths from tuberculosis, syphilis, diphtheria, scarlet fever, whooping cough, measles or poliomyelitis.

Infant Mortality
Deaths from various causes
1961—65
(figures compiled in the department)

Cause of death	Numbers of deaths				
	1961	1962	1963	1964	1965
All causes	386	415	390	382	336
Whooping cough .. .. .	..	..	3	1	..
Meningococcal infection .. .. .	..	2	2	1	..
Acute poliomyelitis .. .. .	..	..	..	..	..
Acute infectious encephalitis .. .. .	..	..	..	..	2
Measles .. .. .	..	..	1	1	..
Diseases of the nervous system	4	5	5	7	2
Influenza .. .. .	..	3	..	..	1
Pneumonia (over 4 weeks of age)	47	50	56	47	51
Bronchitis	10	15	20	12	8
Other respiratory diseases.. .. .	..	4	2	2	4
Diarrhœal diseases	12	32	11	16	8
Other digestive diseases	2	7	..	5	1
Nephritis and nephrosis .. .. .	..	..	..	..	..
Congenital malformations.. .. .	79	63	55	79	56
Birth injuries	44	48	50	36	43
Other diseases of early infancy	81	75	79	89	83
Immaturity, unqualified	91	74	79	58	54
Violence	10	21	15	21	12
All other causes	6	16	12	7	11

Deaths under one year of age from diarrhoea, congenital malformations, diseases of early infancy and other causes 1945-65

(figures compiled in the department)

Year	Diarrhoea		Congenital malformations		Injury at birth		Atelectasis		Other diseases of early infancy		Immaturity unqualified		Other causes		Total deaths	Infant mortality rate per 1,000 live births
	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births		
1945	83	7.3	82	7.2	42	3.7	24	2.1	41	3.6	129	11.4	233	20.5	634	55.8
1946	167	12.0	118	8.4	40	2.9	47	3.4	38	2.7	193	13.8	287	20.5	890	63.7
1947	223	14.1	90	5.7	37	2.3	57	3.6	49	3.1	181	11.4	309	19.6	946	59.8
1948	57	4.1	72	5.2	45	3.3	49	3.6	22	1.6	104	7.5	232	16.8	581	42.1
1949	57	4.3	63	4.8	45	3.4	47	3.6	25	1.9	70	5.3	195	14.9	502	38.2
1950	38	3.0	67	5.4	43	3.5	58	4.7	41	3.3	81	6.5	143	11.5	471	37.9
1951	30	2.4	56	4.5	47	3.8	73	5.9	34	2.7	60	4.8	139	11.2	439	35.3
1952	19	1.5	77	6.2	43	3.5	65	5.3	26	2.1	86	7.0	108	8.7	424	34.3
1953	9	0.7	53	4.3	44	3.6	51	4.2	33	2.7	85	7.0	98	8.0	373	30.5
1954	11	0.9	81	6.8	44	3.7	53	4.5	37	3.1	52	4.4	71	6.1	349	29.5
1955	6	0.5	72	6.2	31	2.6	43	3.7	28	2.4	62	5.3	90	7.7	332	28.4
1956	5	0.4	66	5.5	29	2.4	50	4.2	42	3.5	70	5.9	96	8.0	358	29.9
1957	2	0.2	64	5.2	44	3.5	48	3.9	35	2.8	86	6.9	95	7.6	374	30.1
1958	5	0.4	48	3.9	40	3.2	48	3.9	34	2.8	80	6.5	61	4.9	316	25.6
1959	3	0.2	53	4.3	33	2.7	51	4.1	34	2.8	63	5.1	88	7.2	325	26.4
1960	15	1.2	75	6.0	28	2.2	42	3.3	37	3.0	79	6.3	90	7.1	366	29.1
1961	12	0.9	79	6.1	44	3.4	44	3.4	37	2.8	91	7.0	79	6.1	386	29.7
1962	32	2.4	63	4.6	48	3.5	48	3.5	27	2.0	74	5.5	123	9.1	415	30.6
1963	11	0.8	55	4.1	50	3.8	39	2.9	40	3.0	79	5.9	116	8.8	390	29.3
1964	16	1.2	79	5.9	36	2.7	55	4.1	34	2.6	58	4.4	104	7.9	382	28.8
1965	8	0.6	56	4.5	43	3.4	33	2.6	50	4.0	54	4.3	92	7.4	336	26.8

Legitimate and illegitimate live births and deaths of infants under one year of age—
(Registrar General's returns 1945-1965)

Year	LIVE BIRTHS				DEATHS UNDER ONE YEAR OF AGE									
	Legitimate	Illegitimate	Totals	Illegitimate percentage of total live births	Illegitimate percentage of total live births England & Wales	Number			Rate per 1,000 related live births					
						Legitimate	Illegitimate	Totals	Legitimate	Illegitimate	Totals			
												England and Wales	Totals	
1945	10,175	1,187	11,362	10.45	9.33	557	77	634	54.74	64.87	55.80	44.1	64.8	47.0
1946	12,874	1,095	13,969	7.84	6.57	798	92	890	61.99	84.02	63.71	41.6	60.1	40.9
1947	14,760	1,070	15,830	6.76	5.29	859	87	946	58.20	81.31	59.76	40.4	58.0	41.8
1948	12,886	908	13,794	6.58	5.41	524	57	581	40.66	62.77	42.12	33.3	45.3	34.5
1949	12,243	886	13,129	6.75	5.10	461	41	502	37.65	46.28	38.24	31.7	44.8	32.7
1950	11,523	913	12,436	7.34	5.06	433	38	471	37.58	41.62	37.87	29.1	39.4	29.8
1951	11,616	822	12,438	6.58	4.84	407	32	439	35.03	38.93	35.29	29.2	38.5	29.6
1952	11,549	818	12,367	6.61	4.80	398	26	424	34.46	31.78	34.28	27.2	34.9	27.6
1953	11,450	768	12,218	6.29	4.75	352	21	373	30.74	27.34	30.53	26.5	33.0	26.8
1954	10,967	876	11,843	7.40	4.70	322	27	349	29.36	30.82	29.47	25.1	32.1	25.4
1955	10,879	825	11,704	7.05	4.66	312	20	332	28.68	24.24	28.37	24.5	31.7	24.9
1956	11,052	915	11,967	7.65	4.80	327	31	358	29.59	33.88	29.92	23.4	28.5	23.7
1957	11,407	1,017	12,424	8.19	4.80	337	37	374	29.54	36.38	30.10	23.0	30.0	23.1
1958	11,291	1,044	12,335	8.46	4.88	284	32	316	25.15	30.65	25.62	22.3	27.8	22.6
1959	11,186	1,146	12,332	9.29	5.09	298	27	325	26.64	23.56	26.35	21.9	27.4	22.0
1960	11,412	1,183	12,595	9.39	5.44	338	28	366	29.62	23.67	29.06	21.5	26.4	21.7
1961	11,675	1,328	13,003	10.21	5.90	355	33	388	30.41	24.85	29.84	21.1	25.3	21.4
1962	11,974	1,597	13,571	11.77	6.60	355	58	413	29.65	36.32	30.43	21.3	27.3	21.7
1963	11,634	1,677	13,311	12.60	6.90	344	47	391	29.57	28.02	29.37	20.8	26.0	21.1
1964	11,507	1,776	13,283	13.37	7.24	330	52	382	28.68	29.28	28.76	*	*	19.9
1965	10,741	1,776	12,517	14.19	*	280	57	337	26.07	32.09	26.92	*	*	19.

* Not available

Analysis of Stillbirths
(Figures compiled in the department)

Cause	Totals	Males	Females	Legiti- mate	Illegiti- mate	Place of confinement		Stillbirth certified by	
						Hospital or nursing home	Domi- ciliary	Doctor	Midwife
Maternal conditions:—									
Disease in mother	5	5	—	5	—	4	1	5	—
Diseases of pregnancy:—									
Haemorrhage without ment- ion of placental condition	41	23	18	35	6	40	1	41	—
Toxaemia with convulsions during pregnancy or labour	22	14	8	21	1	20	2	22	—
Other toxaemia	4	3	1	4	—	4	—	4	—
Difficult labour	12	9	3	11	1	11	1	12	—
Other causes in mother . .	1	1	—	1	—	—	1	1	—
Placental and cord conditions . .	31	18	13	27	4	27	4	31	—
Foetal conditions:—									
Birth injury	4	3	1	4	—	4	—	4	—
Congenital malformations:—									
Anencephalus	27	4	23	23	4	26	1	27	—
Hydrocephalus	11	5	6	8	3	9	2	10	1
Spina bifida	—	—	—	—	—	—	—	—	—
Other congenital mal- formations	6	2	4	4	2	4	2	5	1
Other diseases of foetus:—									
Erythroblastosis	9	3	6	9	—	8	1	9	—
Maceration	41	27	14	30	11	35	6	40	1
Other specified	23	9	14	18	5	21	2	22	1
Unspecified	21	15	6	15	6	12	9	21	—
All causes	258	141	117	215	43	225	33	254	4

Stillbirths, perinatal deaths, neonatal deaths, post-neonatal deaths and infant death rate, 1945-1965

Year	Total live and stillbirths	STILLBIRTHS		PERINATAL DEATHS		NEONATAL DEATHS		POST-NEONATAL DEATHS		DEATHS UNDER 1 YEAR AND STILLBIRTHS		Infant death rate per 1,000 live births
		Number of stillbirths	Rate per 1,000 live and stillbirths	Number of perinatal deaths (stillbirths and deaths under 1 week)	Rate per 1,000 total live and stillbirths	Number of neonatal deaths, 0-4 weeks	Rate per 1,000 total live births	Number of post- neonatal deaths, 4 weeks- 1 year	Rate per 1,000 total live births	Number of deaths under 1 year and stillbirths	Rate per 1,000 total live and stillbirths	
1945	11,734	372	31.70	592	50.45	311	27.37	323	28.43	1,006	85.73	55.80
1946	14,414	445	30.87	720	49.95	474	33.93	416	29.78	1,335	92.62	63.71
1947	16,257	427	26.27	694	42.69	466	29.44	480	30.32	1,380	84.89	59.76
1948	14,170	376	26.53	588	41.50	274	19.85	307	22.26	957	67.54	42.12
1949	13,460	331	24.59	528	39.23	242	18.43	260	19.80	833	61.88	38.24
1950	12,769	333	26.08	551	43.15	263	21.15	208	16.72	804	62.96	37.87
1951	12,757	319	25.01	521	40.84	251	20.18	188	15.11	758	59.42	35.29
1952	12,716	349	27.45	575	45.22	269	21.75	155	12.53	773	60.78	34.28
1953	12,573	355	28.24	583	46.37	255	20.87	118	9.66	728	57.90	30.53
1954	12,232	389	31.80	587	47.99	237	20.01	112	9.46	738	60.33	29.47
1955	12,022	318	26.45	496	41.26	215	18.37	117	10.00	650	54.07	28.37
1956	12,291	324	26.36	538	43.77	241	20.14	117	9.78	682	55.49	29.92
1957	12,755	331	25.95	555	43.51	261	21.01	113	9.09	705	55.27	30.10
1958	12,657	322	25.44	533	42.11	237	19.21	79	6.41	638	50.41	25.62
1959	12,638	306	24.21	498	39.40	223	18.08	102	8.27	631	49.93	26.35
1960	12,922	327	25.30	530	41.01	237	18.82	129	10.24	693	53.63	29.06
1961	13,294	291	21.89	531	39.94	268	20.61	120	9.23	679	51.08	29.84
1962	13,873	302	21.77	530	38.20	263	19.38	150	11.05	715	51.54	30.43
1963	13,599	288	21.18	508	37.35	247	18.56	144	10.82	679	49.93	29.37
1964	13,555	272	20.07	479	35.34	244	18.37	138	10.39	654	48.25	28.76
1965	12,775	258	20.20	448	35.07	213	17.02	124	9.91	595	46.58	26.92

Abstract of Registrar General's Health Reports, 1911 to 1965

YEAR	POPULATION	DEATH RATE			BIRTH RATE			INFANT DEATH RATE			ALL PUERPERAL CAUSES,†			ALL FORMS OF TUBERCULOSIS			PULMONARY TUBERCULOSIS			TYPHOID AND PARATYPHOID FEVERS		
		Number of deaths	Per 1000 pop'n	England and Wales	Number of births	Per 1000 pop'n	England and Wales	Number of deaths	Per 1000 births	England and Wales	Number of deaths	Rate per 1000 births	England and Wales	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate 0 per 100 pop'n
1911	7116163	12281	17.15	14.6	18595	25.96	24.4	2908	156	130	72	3.87	3.87	—	1491	2.08	1837	1143	1.60	256	50	0.070
1921	744000	10111	13.59	12.1	17549	23.59	22.4	1713	98	83	64	3.65	3.91	2174	1230	1.65	1644	981	1.32	90	12	0.016
1931	772090	10645	13.79	21.3	12337	15.98	15.8	1049	85	66	40	3.09	3.94	1710	994	1.29	1229	861	1.12	27	4	0.005
1941	601840	10016	16.64	13.5	9849	16.36	13.9	832	84	60	26	2.53	2.80	1226	794	1.32	968	679	1.13	69	—	—
1942	601900	8861	14.72	12.3	10276	17.07	15.6	663	65	51	25	2.33	2.48	1128	672	1.12	894	592	0.99	11	2	0.003
1943	599300	9290	15.50	13.0	11185	18.66	16.2	681	61	49	27	2.33	2.30	1172	639	1.07	900	546	0.91	20	1	0.002
1944	614760	8731	14.20	12.7	12204	19.85	17.7	654	54	45	23	1.83	1.93	1051	559	0.91	840	491	0.80	4	—	—
1945	623480	8985	14.41	12.6	11362	18.22	15.9	634	56	46	12	1.02	1.80	1113	577	0.93	913	496	0.80	9	1	0.001
1946	668660	0938	13.52	12.0	13969	20.89	19.2	890	64	43	23	1.60	1.43	973	527	0.79	805	460	0.69	18	1	0.001
1947	685560	9453	13.79	12.3	15830	23.09	20.5	946	60	41	25	1.54	1.47	920	514	0.75	786	450	0.66	4	—	—
1948	693000	8501	12.27	11.0	13794	19.90	17.9	581	42	34	11	0.78	1.02	1004	526	0.76	863	477	0.69	4	1	0.001
1949	699600	9036	12.91	11.8	13129	18.77	16.7	502	38	32	16	1.19	0.97	1053	456	0.65	899	418	0.60	15	—	—
1950	704500	8999	12.77	11.6	12436	17.65	15.8	471	38	30	10	0.78	0.87	869	458	0.65	737	411	0.58	2	1	0.001
1951	699900	9676	13.82	12.5	12438	17.77	15.4	439	35	30	19	1.49	0.76	816	357	0.51	711	318	0.45	15	—	—
1952	705400	8576	12.16	11.3	12367	17.53	15.3	424	34	28	9	0.71	0.67	813	293	0.41	717	269	0.38	19	—	—
1953	701800	8638	12.31	11.4	12218	17.41	15.4	373	31	27	10	0.80	0.71	835	216	0.31	742	198	0.28	2	—	—
1954	699000	8525	12.20	11.3	11843	16.94	15.1	349	29	25	6	0.49	0.65	779	209	0.30	672	188	0.27	1	—	—
1955	692200	8777	12.68	11.7	11704	16.91	15.0	332	28	25	9	0.75	0.59	739	144	0.21	662	130	0.19	2	—	—
1956	686200	8475	12.35	11.7	11967	17.44	15.6	358	30	24	3	0.24	0.52	648	114	0.17	592	101	0.15	16	—	—
1957	682000	8456	12.40	11.5	12424	18.22	16.1	374	30	23	8	0.63	0.45	651	109	0.16	597	97	0.14	8	—	—
1958	676900	8600	12.70	11.7	12335	18.22	16.4	316	26	23	8	0.63	0.43	594	79	0.12	527	69	0.10	9	—	—
1959	672300	8397	12.49	11.6	12332	18.34	16.5	325	26	22	12	0.95	0.38	515	87	0.13	476	80	0.12	14	—	—
1960	665590	8269	12.42	11.5	12595	18.92	17.1	366	29	22	5	0.38	0.39	425	83	0.12	390	81	0.12	6	—	—
1961	660300	8910	13.49	12.0	13003	19.69	17.4	388	30	21	3	0.23	0.33	421	56	0.08	382	51	0.08	29	—	—
1962	659170	8767	13.30	11.9	13571	20.56	18.0	413	30	22	7	0.50	0.35	428	78	0.12	392	70	0.11	2	—	—
1963	654670	8504	12.99	12.2	13311	20.33	18.2	391	29	21	3	0.22	0.22	345	59	0.09	310	50	0.08	2	—	—
1964	644500	7715	11.97	11.3	13283	20.61	18.4	382	29	20	7	0.52	0.25	354	58	0.09	313	54	0.08	3	—	—
1965	638360	7866	12.32	11.5	12517	19.61	18.1	337	27	19	6	0.47	0.25	357	47	0.07	308	45	0.07	23	—	—

† From 1931 rates for maternal mortality are based on live and stillbirths.

Abstract of Registrar General's Health Reports (continued)

YEAR	MEASLES			PNEUMONIA— ALL FORMS †			INFLUENZA		BRONCHITIS		MALIGNANT NEOPLASMS		VASCULAR LESIONS OF CENTRAL NERVOUS SYSTEM		HEART DISEASE		CONGENITAL MALFORMATIONS, EARLY INFANCY AND IMMATURITY		VIOLENCE	
	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate Per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n
1911	—	337	0.47	—	1278	1.78	87	0.12	1074	1.30	772	1.08	440	0.61	965	1.34	798	1.11	465	0.65
1921	1135	4	0.01	1796	995	1.34	204	0.27	1038	1.40	953	1.28	433	0.58	1002	1.35	581	0.78	345	0.46
1931	7771	63	0.08	2485	981	1.27	337	0.44	826	1.07	1259	1.63	453	0.59	1738	2.25	442	0.57	397	0.51
1941	3869	20	0.03	1809	548	0.91	105	0.17	1034	1.72	1259	2.09	780	1.30	1883	3.13	372	0.62	717	1.19
1942	10468	17	0.03	1402	364	0.60	51	0.09	823	1.37	1256	2.09	790	1.31	1938	3.22	379	0.63	347	0.53
1943	4419	12	0.02	1374	468	0.78	231	0.38	971	1.62	1280	2.14	741	1.24	1833	3.06	356	0.59	352	0.59
1944	6736	9	0.01	979	357	0.58	50	0.08	791	1.29	1286	2.09	827	1.35	1950	3.17	367	0.60	345	0.56
1945	5596	8	0.01	857	365	0.59	44	0.07	984	1.58	1297	2.08	874	1.40	1824	2.93	332	0.53	307	0.49
1946	3800	3	0.00	1040	399	0.60	105	0.16	893	1.34	1285	1.92	840	1.26	1882	2.81	454	0.68	291	0.43
1947	9008	20	0.03	770	452	0.66	36	0.05	880	1.28	1407	2.05	957	1.39	2146	3.13	437	0.64	294	0.43
1948	10650	17	0.02	825	353	0.51	16	0.02	801	1.16	1386	2.00	872	1.26	1917	2.77	312	0.45	283	0.41
1949	6485	7	0.01	783	396	0.57	108	0.15	943	1.35	1398	2.00	1010	1.60	2206	3.15	272	0.39	254	0.36
1950	9798	9	0.01	696	331	0.47	61	0.09	837	1.19	1405	1.99	1001	1.42	2585	3.68	309	0.44	275	0.39
1951	8953	1	0.00	709	412	0.59	257	0.37	1012	1.45	1507	2.15	1142	1.63	2766	3.95	287	0.41	299	0.43
1952	10035	6	0.01	521	336	0.48	24	0.03	741	1.05	1536	2.18	1108	1.56	2491	3.54	300	0.42	290	0.41
1953	6798	2	0.00	576	338	0.48	102	0.15	791	1.13	1519	2.16	1151	1.64	2550	3.63	284	0.40	332	0.47
1954	9844	3	0.00	384	317	0.45	32	0.05	761	1.09	1568	2.24	1143	1.64	2517	3.60	294	0.42	272	0.39
1955	6514	2	0.00	366	413	0.60	34	0.05	790	1.14	1580	2.28	1224	1.77	2673	3.86	259	0.37	314	0.45
1956	2223	—	—	334	346	0.50	35	0.05	776	1.13	1531	2.23	1203	1.75	2536	3.70	277	0.40	289	0.42
1957	11896	5	0.01	411	399	0.59	119	0.17	739	1.08	1507	2.21	1134	1.66	2507	3.68	302	0.44	330	0.48
1958	3107	3	0.00	236	429	0.63	45	0.07	780	1.15	1480	2.19	1234	1.82	2634	3.89	272	0.40	319	0.47
1959	7044	1	0.00	312	405	0.60	108	0.16	781	1.16	1531	2.28	1160	1.73	2457	3.65	255	0.38	353	0.52
1960	4356	1	0.00	207	201	0.60	11	0.02	666	1.00	1624	2.44	1153	1.73	2552	3.83	280	0.42	320	0.48
1961	6589	1	0.00	233	466	0.71	156	0.24	863	1.31	1602	2.43	1176	1.78	2685	4.07	321	0.49	342	0.52
1962	2745	1	0.00	167	466	0.71	126	0.19	949	1.44	1597	2.42	1122	1.70	2588	3.93	281	0.43	328	0.50
1963	6378	2	0.00	178	462	0.71	54	0.08	860	1.31	1619	2.47	1058	1.62	2491	3.80	281	0.43	351	0.54
1964	4333	1	0.00	96	351	0.54	12	0.02	634	0.98	1559	2.42	971	1.51	2295	3.56	279	0.43	357	0.55
1965	4609	—	—	91	368	0.58	13	0.02	666	1.04	1618	2.53	1047	1.64	2441	3.82	251	0.39	346	0.54

† Includes deaths from pneumonia of newborn

Infectious Disease and Epidemiology

Incidence of infectious disease

The incidence of infectious disease (excluding tuberculosis) in the City, compared with the previous year and the average of ten years, is shown in the following table:—

Disease	1965	1964	Average 1955–1964
Anthrax	—	1	—
Diphtheria	1	—	—
Dysentery (bacillary)	433	628	605
Encephalitis (acute)	2	1	2
Enteric fever	23	3	9
Erysipelas	13	17	25
Malaria	—	—	—
Measles	4609	4333	5518
Meningococcal infection	7	7	18
Ophthalmia neonatorum	28	26	41
Pemphigus neonatorum	—	—	1
Pneumonia (acute primary and influenzal) ..	91	96	254
Poliomyelitis	—	—	51
Puerperal pyrexia	163	153	352
Rubella	2747	616	2196
Scarlet fever	353	333	452
Smallpox	—	—	—
Whooping cough	181	684	829

Smallpox

There was no case of smallpox in the City. Persons arriving from smallpox endemic or local infected areas and unable to produce satisfactory evidence of vaccination were followed-up and kept under surveillance. Passengers landing at Manchester Airport from areas specified in the Public Health (Aircraft) Regulations, 1963, were routinely checked and, if the vaccination state was in doubt, were vaccinated and follow-up procedure arranged.

Diphtheria

After nine years of freedom from the disease, one confirmed case of diphtheria was notified. The patient, a 21 year old student physiotherapist at a Manchester hospital, reported “sick” at her hostel with a sore throat. A throat swab was taken, treatment prescribed and later, having recovered clinically, the patient was allowed to travel to her home. However, a diphtheria mitis strain, which subsequently proved to be virulent, was isolated from the throat swab. No further illness occurred to either the patient or her immediate contacts and all further swabs from the patient and from the immediate contacts were negative. The patient gave a history of immunization in infancy and two weeks prior to the onset of her illness a Schick test was negative, as were throat and nose swabs.

On two other occasions avirulent diphtheria mitis organisms were isolated from throat swabs submitted to the Public Health Laboratory.

Anthrax

No cases of anthrax were notified.

Meningococcal infection

Seven cases of meningococcal infection were notified, the same number as the previous year. Four cases were in children under five years of age, one of which proved fatal.

Poliomyelitis

For the third successive year no case of poliomyelitis was confirmed. Three persons were treated as suspected cases in hospital but were eventually found to be suffering from other diseases; in one instance persons living in the area surrounding the residence of a patient were offered oral poliomyelitis vaccination with a surprisingly good response.

A male adult resident of a neighbouring local authority died from the disease and contacts from his place of employment in the City were vaccinated and were kept under medical surveillance.

Acute encephalitis (infective—post infectious)

Two deaths occurred in children under one year of age, with the causes of death being certified as viral and acute infective encephalitis respectively.

Pneumonia

Of the 91 notifications of pneumonia, 87 were primary cases and four were due to influenzal pneumonia.

Influenza

There was evidence that influenza was occurring in the City during the early months of the year and again at the end of December. Both Influenza A.2 (Asian) and Influenza B viruses were isolated at the beginning of the year and Influenza B virus at the close of the year.

Measles and german measles (rubella)

Although the measles outbreak, which commenced in October, 1964, continued until the end of June, the annual total of 4,609 notifications was below average, possibly as a result of immunity conferred by the minor outbreak of measles in mid-1964.

There was an increased incidence of rubella, commencing in February and continuing until the beginning of August, with the total of 2,747 notifications being the highest for three years.

Whooping cough

Following the increase in whooping cough during the previous two years, the number of cases notified fell to the second lowest annual total recorded. Of 181 cases notified, over two-thirds occurred during the latter half of the year.

The results of the investigation, carried out in 1963–64 in co-operation with the Public Health Laboratory, Manchester, and the Department of Bacteriology, Manchester University, were published in the May issue of the Monthly Bulletin of the Ministry of Health. It was concluded that the potency of the pertussis vaccines, then in current use, could be improved by the deliberate inclusion of an additional strain of the whooping cough organism.

Scarlet fever

The 353 cases notified was a slight increase on the previous year and was the highest annual total since 1960.

Typhoid and paratyphoid fever

Three cases of typhoid fever occurred in January and February and two carriers were discovered as a result of the epidemiological investigation of the cases.

At the end of January, a girl, aged 5 years, was transferred to Monsall Hospital from another hospital in the City, following a suspicious Widal blood test. A *Salmonella typhi* organism was later isolated from the faeces of the child. The child's family shared accommodation with a Pakistani family. Following the investigation of all household contacts, *Salmonella typhi* was isolated from the faeces of a boy, aged 12 years, from the Pakistani family, and he was also admitted to Monsall Hospital. This boy, who had arrived in this country two months previously, was reported to have suffered from typhoid fever during 1964 whilst living in Lahore, Pakistan. The organisms in both cases were identified as phage type 46 which is normally found in the East. Two close contacts of these children were admitted to hospital when illness was reported but were not found to be suffering from typhoid fever.

In February, a student nurse, aged 24 years, employed on the psychiatric ward at a City hospital became ill and was admitted to the adjoining general hospital where a blood culture proved positive for *Salmonella typhi*. The patient was transferred to Monsall Hospital where a typhoid organism was later isolated from her faeces. Following the investigation of household contacts, the patient's daughter, aged 7 months, and the patient's mother, aged 58 years, were admitted to Monsall Hospital after Widal blood tests were suggestive of typhoid fever. Typhoid fever organisms subsequently isolated from the faeces of both these patients were of the same phage type E.1 strain as the organisms isolated from the original patient. The student nurse and her mother had emigrated from British Guiana where the mother was reported to have suffered from a "fever" many years ago. There was no doubt that she was the carrier in these cases. The investigation of household and hospital contacts did not disclose any further cases or carriers.

In July, a *Salmonella typhi* organism was isolated from a routine faeces specimen submitted from a female patient, aged 67 years, suffering from profuse diarrhoea following her admission to hospital with a heart complaint. Clinically this patient did not resemble typhoid fever in any way and it was later ascertained that she had in fact suffered from typhoid fever fifty years previously. The organism was subsequently identified as a degraded Vi-strain. All contacts were investigated with negative results.

In eight other instances persons were admitted to hospital as suspect typhoid fever cases but were not found to be suffering from the disease subsequently. Several persons, who had spent a holiday at a camp in the South of England where a case of typhoid was confirmed, were kept under surveillance but no illness developed.

Twenty cases of paratyphoid fever occurred and twenty-one symptomless excretors of *Salmonella paratyphi* were discovered.

Untreated milk from an infected cow on a farm supplying milk to hotels, boarding houses and holiday camps in the Fylde area of Lancashire caused an outbreak of the disease. Fourteen persons living in Manchester were taken ill and it was confirmed bacteriologically that they were suffering from paratyphoid fever B phage type 3b var. 6. The investigation of other persons who had been on holiday in the area revealed that eighteen were symptomless excretors of the organism. Appropriate action was taken in regard to food handlers and school children and advice on personal hygiene was given to all concerned. No secondary cases were reported in the City.

Following a visit by a family to relatives in Eire, a child was admitted to hospital where a *Salmonella paratyphi* B phage type 3A var. 4 organism was isolated from her faeces. Three other members of the family were found to be excreting the organism. Investigations revealed that the grandmother had, in the past, been a symptomless excreter of a *Salmonella paratyphi* organism on two occasions, on one of which the phage type was 3A. While no isolation was made from the grandmother on this occasion the appropriate organism was isolated from the septic tank serving the household in Eire.

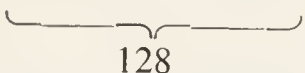
Five isolated cases of paratyphoid fever were also notified, but in two instances bacteriological confirmation could not be obtained. In a third case the phage type could not be ascertained but there was a possibility that it was connected with the Fylde outbreak. The fourth case, a University student who had recently visited Turkey, was found to be suffering from paratyphoid fever B; contacts were investigated with negative results. The fifth case was a female Pakistani who was admitted to hospital ten days after arriving in this country by air. A *Salmonella paratyphi* A organism, an uncommon type in Britain, was isolated from her faeces.

Dysentery

The number of cases notified or otherwise ascertained was 433, a decrease of 195 compared with the previous year. Bacteriological confirmation was obtained in 228 instances, the causal agent being identified as *Sh. sonnei* in 220 cases and *Sh. flexner* in eight cases.

Food poisoning

The following table gives the relevant statistics:—

<i>Number of outbreaks</i>	<i>Number of cases</i>	<i>Number of single cases</i>	<i>Remarks</i>
5	36	—	Agent identified.
—	—	15	Agent identified.
6	69	—	Agent unknown.
—	—	8	Agent unknown.
—	—	—	
11	105	23	
—	—	—	
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Amongst the confirmed cases there were two general outbreaks. One, involving 15 persons with its focal point at a pork butchers shop, was due to *Salmonella typhimurium*, the other, involving nine persons and due to infection with *Salmonella stanley*, was part of an outbreak covering several adjoining local authority areas. The remaining outbreaks in three families were due to infection with *Salmonella typhimurium* (4 cases), *Salmonella stanley* (2 cases) and *Salmonella livingstone* (6 cases). Fifteen single cases were also confirmed as being due to various *Salmonella* organisms.

In one outbreak of fifty-four cases, amongst persons attending adult training centres and two feeding centres, cold mutton was traced as the common potential vehicle of infection but the organism responsible was not identified. No bacteriological confirmation was obtained in five family outbreaks, involving fifteen persons, and in eight single cases.

Respiratory viruses isolated in the Manchester area, 1962-65

The Director of the Manchester Public Health Laboratory has kindly supplied the following information:—

During the last four years throat swabs have been received and tested for respiratory viruses at the Manchester Public Health Laboratory. They came mainly from the various children's hospitals or departments in the conurbation, but also from general practitioners and health departments. A pattern of occurrences for the different viruses isolated is now emerging and is given in the histogram. Although most of the viruses were isolated from children, these agents were also widespread in older subjects.

The virus most commonly encountered was respiratory syncytial virus. This agent, although producing repeated colds and other mild respiratory infections at all ages, is the main cause of bronchitis, bronchiolitis and pneumonia. Each year it is widespread amongst babies, infants and young children and is responsible for the large number of babies admitted to hospital with these conditions each winter and, also, for the death of 1-2 per cent of them.

Three of the four types of parainfluenza virus were found. Type 3 occurred in the community all the year round, with an increased incidence in summer, while type 1 was found in well defined epidemics in the winters of 1962-3 and 1964-5. A few type 2 strains were encountered in 1963 and 1964. These viruses were associated with mild respiratory infections at all ages and with severer infections, such as bronchitis and pneumonia, in babies and young infants. They are also the main cause of croup and, during epidemics of these viruses, this syndrome showed a marked increase.

Influenza itself occurred each winter or spring in a mild form although it had its usual serious effects in older people. Sickness notifications rose each year during its period of prevalence, suggesting that this infection was fairly widespread. Type A2 (Asian) viruses were found in 1963-4 and 1965, and type B viruses in 1962 and 1965.

Adenoviruses of different serological types were found during the whole period of study, with maximum incidence generally in the late winter or spring. These viruses, besides causing respiratory disease of all sorts, were especially associated with tonsillitis. They were also responsible for cases of mesenteric adenitis and conjunctivitis.

Primary herpetic stomatitis in infancy accounted for most of the isolations of herpes simplex virus, especially during 1963 through 1965. It also caused some cases of encephalitis in older subjects who experienced this infection for the first time later in life.

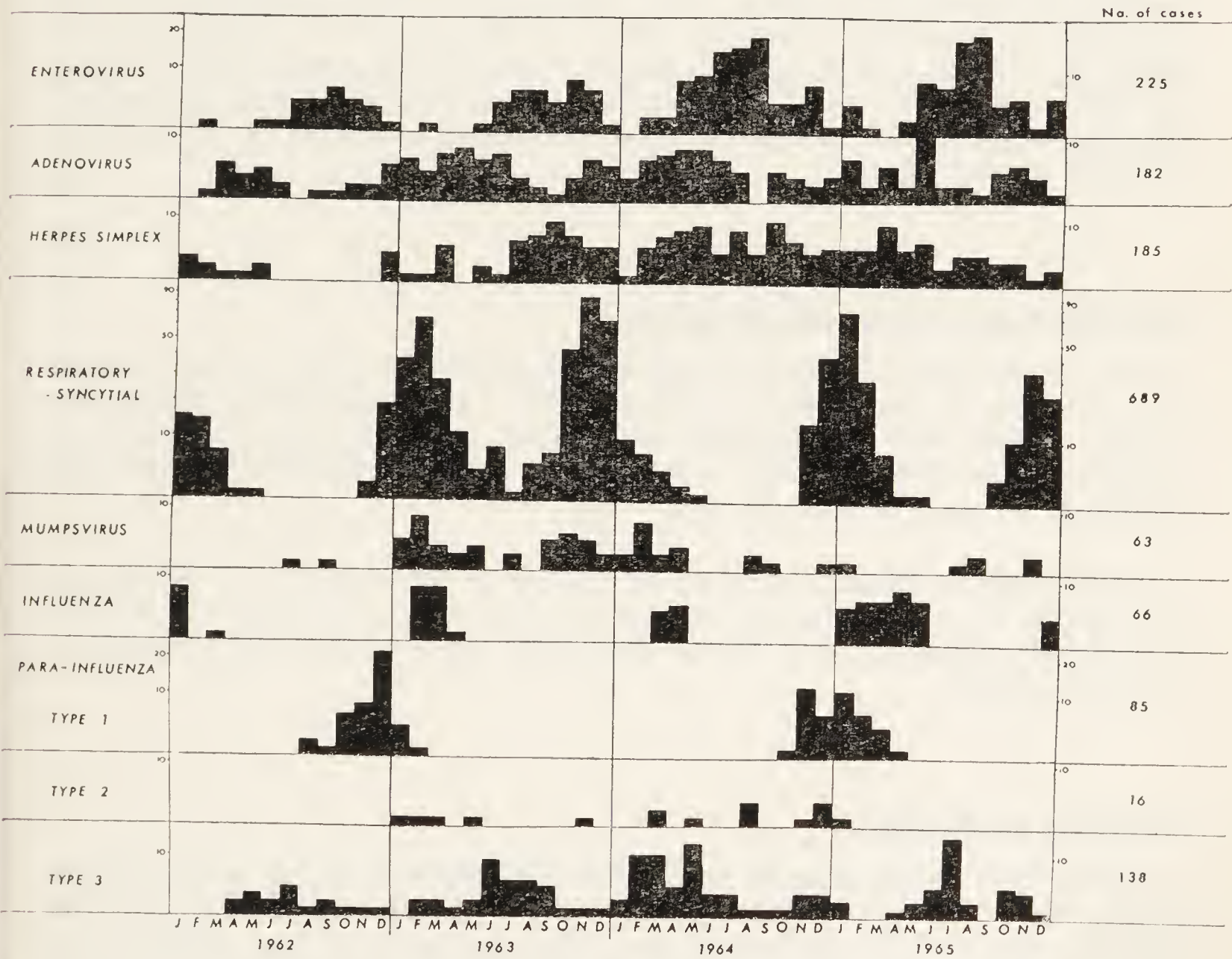
Enteroviruses and other picornaviruses occurred mostly in the summer and late autumn, as was to be expected, and were the most commonly found respiratory viruses in hospital patients during these periods of each year. All types of Coxsackie B viruses, which are the most easy to isolate, predominated. Although upper respiratory tract disease was the main clinical feature of these infections, some cases of myalgia and meningitis were encountered.

Only a few polioviruses were found and, except for a small, well-contained outbreak in August 1965 (outside the City boundary), did not cause any typical poliomyelitis infections in the area.

The mumps virus isolations recorded were mostly from cases of respiratory infection without parotitis. In two Manchester school studies over half the infections with this virus were of this nature. These viruses also caused some cases of meningitis.

The importance of respiratory viruses in disease is growing more and more each year as the bacterial infections are controlled by antibiotics, and they account for about half of all the admissions to children's hospitals. At the present time from half to two-thirds of the viruses causing respiratory disease can be defined, but much has yet to be learnt before they can be prevented and their clinical manifestations rapidly controlled.

VIRUS ISOLATIONS FROM THROAT SWABS. MANCHESTER 1962-5



Other conditions

The incidence of infective hepatitis in the City is not known but several cases occurred among the staff and patients of a large hospital in the City. Following representations received from the medical committee of this hospital in November, the Health Committee resolved that an order be made under the Public Health Act, 1936, requiring the notification of cases of infective hepatitis occurring in the City. The Minister of Health confirmed the order which will operate from 1st February, 1966, for an initial period of three years.

Acute rheumatism

Six cases were notified to the department under the Acute Rheumatism Regulations, 1959, two being classified as rheumatism pains without heart involvement and two as rheumatic heart disease (quiescent). The remaining two cases notified late in the year are awaiting classification. Nine children were removed from the register leaving 40 still on the register at the end of the year.

Consultations

Medical officers of the department were actively engaged in the investigation of many of the cases noted. Requests for consultation were received from hospitals, general practitioners and nurseries. Technical help was always available from the staff of the Public Health Laboratory, Manchester, more especially following the opening of new premises at Withington Hospital with improved facilities. Co-operation and co-ordination of work between this laboratory and the department undoubtedly restricted the spread of pathogenic organisms in the City. This is emphasized by the large amount of work required especially to investigate the cases of typhoid and paratyphoid fever referred to elsewhere in this report.

Immunization and vaccination

The departmental schedule of immunization and vaccination was revised by introducing the simultaneous administration of triple antigen (or diphtheria-tetanus vaccine) and oral poliomyelitis vaccine. By reducing the number of attendances for immunization in this way it is hoped that the demand for immunization will increase in due course.

The Ministry of Health requirements relating to the maintenance of records and the provision of statistics of immunization and vaccination have now been revised and, consequently, certain of the regular tables in this report have been amended slightly.

Smallpox vaccination

The policy of encouraging the vaccination of children at the age of two to three months was continued, and the upward trend of the previous two years in the numbers presented for vaccination was well maintained. Many children, who had not been presented for vaccination at an early age, were vaccinated following a reminder to parents when attending for a reinforcing injection of triple antigen at eighteen months of age or later. Following the introduction, during the latter months of 1964, of a vaccine with improved keeping qualities, together with revised departmental arrangements for the distribution of vaccine to welfare centres, there was an increase in the percentage of successful primary vaccinations.

There was one report of generalized vaccinia in a boy aged sixteen months who, one month later, appeared to have recovered fully. No cases of post-vaccinal encephalomyelitis, or deaths from any complication of vaccination, were reported.

The accompanying tables show the number of vaccinations performed successfully together with the numbers of successful vaccinations over the past ten years and the percentage of children vaccinated under one year of age:—

Ten-year record of successful primary vaccination

Year	Number of persons vaccinated at age					Number of live births	Proportion vaccinated under 1 year of age to live births
	under 1 year	1—4 years	5—14 years	15 years and over	Totals		
1956.. ..	5,755	436	106	311	6,608	11,967	per cent 48·10
1957.. ..	6,434	545	159	393	7,531	12,424	51·79
1958.. ..	6,554	559	137	291	7,541	12,335	53·13
1959.. ..	4,222	496	85	269	5,072	12,332	34·24
1960.. ..	2,885	674	92	211	3,862	12,595	22·90
1961.. ..	2,740	1,289	105	269	4,403	13,003	21·07
1962.. ..	8,319	7,136	17,372	10,878	43,705	13,571	61·30
1963.. ..	3,072	638	57	238	4,005	13,311	23·08
1964.. ..	3,624	1,337	76	279	5,316	13,283	27·28
			5—15 years				
1965.. ..	4,242	2,321	117		6,680	12,517	38·89

Smallpox vaccination, 1965

	Age group (years)										Totals	
	0-		1-		2-4		5-15					
	Performed	Successful	Performed	Successful	Performed	Successful	Performed	Successful	Performed	Successful		
Vaccination centre												
Child welfare centres and day nurseries	3,745	3,578	564	547	332	323	14	14	4,655	4,462		
Schools and school clinics	—	—	—	—	—	—	1	1	1	1		
Mobile immunization unit	244	224	475	441	512	496	17	16	1,248	1,177		
General practitioners	429	424	294	293	138	134	86	85	947	936		
Hospitals	16	16	83	81	6	6	1	1	106	104		
Totals	4,434	4,242	1,416	1,362	988	959	119	117	6,957	6,680		
Revaccinations												
Child welfare centres and day nurseries	—	—	—	—	12	11	26	26	38	37		
Schools and school clinics	—	—	—	—	—	—	5	5	5	5		
Mobile immunization unit	—	—	—	—	—	—	—	—	—	—		
General practitioners	—	—	—	—	43	41	153	141	196	182		
Hospitals	—	—	—	—	—	—	—	—	—	—		
Totals	—	—	—	—	55	52	184	172	239	224		

Primary vaccinations

Revaccinations

Diphtheria, whooping cough and tetanus immunization

The number of persons attending for these immunizations increased to 25,532 from 20,442 in 1964. Once again school children were offered a primary course of tetanus vaccination when attending for reinforcing diphtheria injections.

Following the trials, recorded in last year's report, of a purified toxoid aluminium hydroxide (P.T.A.H.) vaccine, this vaccine was introduced for the immunization of children aged 11 years and under, for both primary and reinforcing courses of diphtheria tetanus vaccination.

Diphtheria immunization

A primary course of diphtheria immunization was given to 12,563 persons of whom 12,389 were Manchester residents. Of the latter, 8,232 were children under five years of age and 3,996 aged from five to fourteen years. A further 546 failed to complete a course of injections, of whom six resided outside the City.

Reinforcing injections were given to 12,315 persons, of whom 11,877 were resident in the City. Of the 11,559 Manchester children under fifteen years of age, 5,851 received this course as part of a combined primary reinforcing course of diphtheria-tetanus immunization.

Whooping cough immunization

The number of children who received a full primary course of immunization was 7,880 of whom 55 lived outside Manchester. A further 546 children commenced a course of injections but failed to complete it, whilst 3,456 received a reinforcing injection, 3,440 being Manchester residents.

Tetanus immunization

A primary course of tetanus immunization was given to 18,747 persons including 385 from outside the City. In addition, 827 failed to complete a course and 5,915 reinforcing injections were given.

Persons immunized against diphtheria, whooping cough and tetanus, 1965

Complete primary course

Vaccination centre	Antigen used						Number of persons	Numbers immunized		
	Diphtheria, whooping cough, tetanus and poliomyelitis combined	Diphtheria, whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria	Whooping cough	Tetanus		Diphtheria (singly or in combination)	Whooping cough (singly or in combination)	Tetanus (singly or in combination)
Child welfare centres	—	4,957	166	—	1	5	5,129	5,123	4,958	5128
Day nurseries	—	145	16	—	—	—	161	161	145	161
Schools and school clinics	—	1	4,038	4	—	62	4,105	4,043	1	4101
Town hall	—	—	—	—	—	—	—	—	—	—
Mobile immunization unit	—	1,576	199	—	—	1	1,776	1,775	1,576	1,776
General practitioners	27	1,051	27	—	—	11	1,116	1,105	1,078	1,116
Hospitals	—	122	154	—	—	—	276	276	122	276
Total number of persons immunized in Manchester	27	7,852	4,600	4	1	79	12,563	12,483	7,880	12,558
Persons from other authorities immunized in Manchester	—	55	119	—	—	—	174	174	55	174
Total number of Manchester persons immunized	27	7,797	4,481	4	1	79	12,389	12,309	7,825	12,384

Incomplete primary course

Child welfare centres	—	263	2	—	—	—	265	265	263	265
Day nurseries	—	8	—	—	—	—	8	8	8	8
Schools and school clinics	—	—	193	—	—	106	299	193	—	299
Town hall	—	—	—	—	—	—	—	—	—	—
Mobile immunization unit	—	52	10	—	—	—	62	62	52	62
General practitioners	—	13	5	—	—	2	20	18	13	20
Hospitals	—	—	—	—	—	—	—	—	—	—
Total number of persons immunized in Manchester	—	336	210	—	—	108	654	546	336	654
Persons from other authorities immunized in Manchester	—	—	6	—	—	—	6	6	—	6
Total number of Manchester persons immunized	—	336	204	—	—	108	648	540	336	648

Reinforcing course

Vaccination centre	Antigen used					Number of persons	Numbers immunized		
	Diphtheria, whooping cough, tetanus and poliomyelitis combined	Diphtheria, whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria	Whooping cough	Tetanus	Diphtheria (singly or in combination)	Whooping cough (singly or in combination)	Tetanus (singly or in combination)
Child welfare centres	—	2,568	22	—	—	—	2,590	2,568	2,590
Day nurseries	—	59	—	—	—	—	59	59	59
Schools and school clinics	—	3	2,355	34	—	3	2,395	3	2,361
Town hall	—	—	—	—	—	—	—	—	—
Mobile immunization unit	—	535	11	—	—	—	546	535	546
General practitioners	15	251	63	4	—	1	334	266	330
Hospitals	—	25	4	—	—	—	29	25	29
Total number of persons immunized in Manchester	15	3,441	2,455	38	—	4	5,953	3,456	5,915
Persons from other authorities immunized in Manchester	—	16	207	—	—	—	223	16	223
Total number of Manchester persons immunized	15	3,425	2,248	38	—	4	5,730	3,440	5,692

Combined primary/reinforcing course

Vaccination centre	Antigen used					Number of persons	Numbers immunized		
	Diphtheria, whooping cough, tetanus and poliomyelitis combined	Diphtheria, whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria	Whooping cough	Tetanus	Diphtheria (singly or in combination)	Whooping cough (singly or in combination)	Tetanus (singly or in combination)
Child welfare centres, mobile immunization unit and Town hall	—	—	—	—	—	—	—	—	—
Schools and school clinics	—	—	6,362	—	—	6,362	6,362	6,189	173
Total number of persons immunized in Manchester	—	—	6,362	—	—	6,362	6,362	6,189	173
Persons from other authorities immunized in Manchester	—	—	215	—	—	215	215	211	4
Total number of Manchester persons immunized	—	—	6,147	—	—	6,147	6,147	5,978	169

(a) Reinforcing course. (b) Complete primary course. (c) Incomplete primary course.

Diphtheria immunization
Numbers of Manchester persons, in age groups, given primary courses of injections

Year of birth	Year of immunization													Totals	Totals in age groups		
	1928 to 1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962			1963	1964	1965
1965	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,270	Total under 5 years at end of 1965 —32,588
1964	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2,261	2,270	
1963	—	—	—	—	—	—	—	—	—	—	—	—	—	2,300	4,203	6,464	
1962	—	—	—	—	—	—	—	—	—	—	—	—	—	4,194	944	7,438	
1961	—	—	—	—	—	—	—	—	—	—	—	—	2,546	776	499	7,823	
1960	—	—	—	—	—	—	—	—	—	—	—	3,348	4,083	515	331	316	8,593
1959	—	—	—	—	—	—	—	—	—	—	2,194	5,357	425	188	197	426	8,787
1958	—	—	—	—	—	—	—	—	728	1,959	4,395	936	294	143	273	814	9,203
1957	—	—	—	—	—	—	—	737	4,519	3,940	1,362	690	180	287	435	822	8,690
1956	—	—	—	—	—	—	—	4,702	1,077	1,128	620	620	268	557	372	606	9,497
1955	—	—	—	—	—	753	4,542	1,503	476	478	588	726	392	484	282	488	9,853
1954	—	—	—	—	582	4,882	1,163	470	290	498	700	532	259	393	246	356	10,054
1953	—	—	—	498	5,063	1,817	383	315	355	346	549	447	218	322	186	245	9,977
1952	—	—	512	5,227	1,663	810	263	314	554	637	386	425	202	282	189	89	10,842
1951	—	609	5,499	1,776	457	416	283	471	458	561	393	393	167	229	153	83	11,382
Pre 1950	214,962	14,760	7,311	3,765	2,460	4,441	2,155	1,682	2,531	1,810	1,506	1,124	424	412	137	81	259,561
Totals ..	214,962	15,369	13,322	11,266	10,225	13,119	9,531	10,194	10,988	11,587	13,179	15,923	9,740	10,294	10,149	12,309	392,157

The totals at the end of 1965 indicate only approximately the immune population, as no account is taken in the table of deaths or removals of immunized children.

Antigens used to immunize Manchester children against diphtheria, whooping cough and tetanus
Complete primary course

Year of birth	Antigens used						Numbers immunized			
	Diphtheria, whooping cough, tetanus and poliomyelitis combined	Diphtheria, whooping cough and tetanus combined	Diphtheria and tetanus combined	Diphtheria	Whooping cough	Tetanus	Diphtheria (singly or in combination)	Whooping cough (singly or in combination)	Tetanus (singly or in combination)	
1965	8	2,216	46	—	—	—	2,270	2,224	2,270	
1964	16	3,993	194	—	1	—	4,203	4,010	4,203	
1963	2	859	83	—	—	—	944	861	944	
1962	—	442	57	—	—	—	499	442	499	
1961	1	218	97	—	—	—	316	219	316	
Totals 1961–1965	27	7,728	477	—	1	—	8,232	7,756	8,232	
1951–1960	—	69	3,923	4	—	70	3,996	69	4,062	
Totals 1951–1965	27	7,797	4,400	4	1	70	12,228	7,825	12,294	

Reinforcing course

1965	—	1	—	—	—	—	1	1	1
1964	1	872	4	—	—	—	877	873	877
1963	8	2,147	24	—	—	—	2,179	2,155	2,179
1962	1	265	12	—	—	—	278	266	278
1961	—	62	11	—	—	—	73	62	73
Totals 1961–1965	10	3,347	51	—	—	—	3,408	3,357	3,408
1951–1960	5	76	2,181	38	—	4	2,300	81	2,266
Totals 1951–1965	15	3,423	2,232	38	—	—	5,708	3,438	5,674

Combined primary/reinforcing course

Totals 1951–1965	—	—	5,851	—	—	—	5,851 (a)	—	5,796 (b)
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(a) reinforcing course. (b) complete primary course.

Measles vaccination

The investigation into measles vaccines, being carried out by the Medical Research Council on behalf of the Ministry of Health, continued. Of the participating 3,000 children born in 1963, one group had been given an injection of killed vaccine in December, 1964, followed by an injection of live vaccine in January, 1965, At the same time a second group were also given one injection of live vaccine. These two groups were followed-up during the third week after receiving live vaccine and then three months and six months later. The third group of children, the “controls”, were also followed-up at the same timed intervals. The children who did not receive vaccine in the first period, and who were still eligible to receive it, were offered the injections later in the year when further supplies of vaccine became available.

The number of children who received vaccine were:—

<i>Vaccine given</i>	<i>December 1964 to January 1965</i>	<i>October to November 1965</i>
Killed vaccine only (1 dose) ..	123	181
Killed and live vaccine	467	700
Live vaccine only (1 dose)	638	—
Totals	1,228	881

Poliomyelitis vaccination

Following the occurrence in August of cases of poliomyelitis in Lancashire and Cheshire there was a sudden demand for vaccination from the public although no cases actually occurred in the City. Later, when a 37 year old Manchester resident was removed to hospital as a suspect case of poliomyelitis, persons living near to the patient’s home were offered vaccination. For this purpose the mobile immunization unit made special visits to the district and additional immunization sessions were held at the nearby child welfare centre.

Completed courses of poliomyelitis vaccination carried out in the City were as follows:—

Vaccination centre	Primary course		Reinforcing course	
	*Salk vaccine	Oral vaccine	*Salk vaccine	Oral vaccine
Child welfare centres	49	8,615	2	1,855
Day nurseries	—	241	—	93
Schools and school clinics	9	2,517	9	5,023
Town hall	—	6,861	—	531
Mobile immunization unit	—	2,780	1	649
General practitioners	147	1,589	97	597
Hospitals	—	359	—	185
Totals	205	22,962	109	8,933
	23,167		9,042	

* Including quadruple vaccine.

A further 4,415 persons commenced a course of vaccination but failed to complete it. In addition, 10,200 doses of oral vaccine were distributed to hospitals in the City and 13,300 doses to business premises, for which no detailed records were required to be returned to the department.

The age groups of children vaccinated were as follows:—

Year of birth	Primary course		Reinforcing course	
	Salk vaccine	Oral vaccine	Salk vaccine	Oral vaccine
1965	13	1,813	—	4
1964	80	5,285	25	58
1963	19	1,820	42	250
1962	8	1,124	13	236
1961	2	760	10	418
Total 1961–1965 ..	122	10,802	90	966
1951–1960 ..	6	3,142	14	6,191
Total 1951–1965 ..	128	13,944	104	7,157
	14,072		7,261	

Mobile immunization unit

The programme of the mobile immunization unit was extended at the beginning of the year to include vaccination against smallpox, the results of the vaccinations performed being read by health visitors. The following table gives details of the work carried out throughout the City compared with the previous year:—

Nature of immunization	Persons immunized					
	1965			1964		
	Complete primary course	Incomplete primary course	Reinforcing course	Complete primary course	Incomplete primary course	Reinforcing course
Smallpox.. .. .	1,248	—	—	—	—	—
Diphtheria, whooping cough and tetanus	1,576	52	535	1,554	281	537
Diphtheria and tetanus	199	10	11	136	18	5
Whooping cough ..	—	—	—	4	—	—
Tetanus	—	—	—	2	1	—
Poliomyelitis	2,780	963	650	1,333	107	74

The staff of the unit assisted, also, in epidemiological investigations carried out in co-operation with the Public Health Laboratory, Manchester.

B.C.G. vaccination

The arrangements for the vaccination of child contacts of tuberculosis, school children and certain hospital staff continued. Newly arrived immigrant children were also included in these arrangements. Sessions were held at the Manchester chest clinic and in schools. The number of persons vaccinated was as follows :—

Type of action	Contact scheme			School children and students (School health service)
	Health department	School health service	Totals	
No. skin tested	929	293	1,222	3,962
No. found positive	165	12	177	664
No. found negative	739	250	989	3,095
No. vaccinated	897	30	927	3,082

In addition, 727 Heaf conversion tests were carried out at the chest clinic sessions.

Yellow fever vaccination

The regular sessions were held each Tuesday and Thursday in the immunization clinic and special arrangements were also made for persons unable to attend these regular clinics, including the crews of thirteen ships.

The amendment to the requirements for vaccination for international travel, increasing the period of validity of a certificate from six to ten years, caused a slight reduction in the number of persons attending for vaccination. The number of persons vaccinated were:—

Class of person	Adults		Children	Totals
	Males	Females		
Manchester residents	158	100	60	318
Non-Manchester residents	902	462	190	1,554
H.M. Forces and families	41	32	30	103
Totals	1,101	594	280	1,975

International vaccination certificates

In addition to the 1,975 yellow fever vaccination certificates issued from the department, the authentication of medical practitioners' signatures, required by the International Sanitary Regulations, was carried out following 8,090 smallpox and cholera vaccinations.

Dry sterilization unit

Fewer syringes were issued as the requirements of the home nursing service and the ante-natal clinics were not so great. The number of centres to which syringes were distributed remained unchanged.

Purpose	Numbers and sizes of syringes issued				Other types of equip-ment	Totals
	1 c.c.	2 c.c.	5 c.c.	10 c.c.		
Immunization and vaccination	37,537	—	—	230	216	37,983
Ante-natal blood tests	—	—	—	10,595	—	10,595
Home nursing service	34,082	73,545	7,358	569	—	115,554
Midwifery	—	—	3,101	—	—	3,101
Remand homes	—	—	249	—	—	249
Totals	71,619	73,545	10,708	11,394	216	167,482
Totals 1964—for comparison	74,054	76,507	11,689	13,641	251	176,142

Venereal Diseases

I am indebted to Dr. Leslie Watt, consultant venereologist for the following report:—

Venereal diseases present local, national and, because of the increasing speed and availability of modern transport, global problems of control. Basically dependent on the biological sex urge, they are influenced by a wide variety of social, educational, cultural and even political factors. In this country they are essentially diseases of large urban areas. Local control depends on close integration of the efforts of the treatment centres provided by the Regional Hospital Boards and the medical, social and educational services provided by local authorities. In Manchester, a health visitor is seconded permanently by the local authority to the venereal disease clinics for contact tracing and other social work. She forms an invaluable link between the two services.

The main venereal diseases seen in Britain are syphilis and gonorrhoea. The stigma, fear and horror which for generations have surrounded these diseases, although still widespread, are slowly lessening. This reflects a more sensible and enlightened public attitude and has resulted in less reluctance in seeking advice. Approximately 60 per cent of all patients attending the clinics do not suffer from a statutory venereal disease, although many of them may require treatment for other genital conditions.

Venereal disease clinics

In 1965 no major change has taken place in the facilities provided for the treatment of venereal disease. St. Luke's Clinic, Duke Street, Manchester 3, the major centre, deals with approximately 80 per cent of all the patients from the Greater Manchester area who seek advice on venereal infection and allied problems. The bulk of the remainder attend the clinic at Manchester Royal Infirmary. The drift of population away from the immediate area of this clinic, consequent on demolition, has been reflected in a lower total attendance there. Attendances of patients with venereal disease, especially for post-treatment observation, is notoriously liable to influence by outside factors and the most obvious and important of these is convenience of clinic facilities. Adequate post-treatment observation is essential for effective control of infection.

A small satellite clinic is held at Hope Hospital, Salford, and the Seamen's Dispensary, close to the main dock gates in Trafford Road, Salford, caters only for seafarers.

Sessional hours are so arranged and integrated between the clinics that patients may have advice or treatment with the minimum of inconvenience and interference with work. The medical staff is common to all clinics and arrangements can usually be made for patients with special social or medical problems to be seen outside advertised hours.

Incidence of venereal disease

Statistics from venereal disease clinics can only indicate trends in the frequency of venereal infection. The relative simplicity of modern treatment has inevitably resulted in an unknown, probably fairly large number of patients being treated by practitioners outside the clinics. Such patients are not included in any statistics and the true incidence of disease is therefore impossible to determine. Table A. summarizes the new cases and total attendances in the Manchester clinics in 1965, and Table B. the areas of residence of these patients.

TABLE A
Summary of new patients and attendances
in Manchester clinics, 1965

	<i>New cases</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Early syphilis	31	16	47	
Late syphilis	40	26	66	
Congenital syphilis	8	14	22	
Gonorrhoea	1,547	464	2,011	
Other conditions	2,589	930	3,519	
Total new cases	4,215	1,450	5,665	
Total attendances	15,484	3,899	19,383	

TABLE B
Areas of residence of new patients
(excluding Seamen's Dispensary), 1965

	Manchester	Lancashire	Salford	Cheshire	Other Areas
St. Luke's Clinic	2,656	830	522	339	127
M.R.I. Clinic	845	56	31	90	18
Totals	3,501	886	553	429	145

Acquired syphilis

The decline in the number of patients with early infectious syphilis seen in the Manchester clinics since the peak in 1946 is shown in Table C. The infinitesimally small number in 1957 has been followed by a fluctuating but gradual increase parallel with a similar national and, indeed, world-wide increase. The total numbers in Manchester are as yet low and may remain so, but leave no room for complacency.

Of the 31 males treated for early syphilis in 1965, infection occurred in the Manchester conurbation in 13 (41 per cent), elsewhere in Britain in 10 (32 per cent), abroad in 5 (16 per cent), whilst in 2, the locality was unknown. Less homosexual infection has apparently occurred. Infection occurred in the Manchester area in 13 (81 per cent) of the 16 females treated, elsewhere in Britain in 2 (12 per cent) and in 1, the locality was unknown. Of the women infected in Manchester, 4 were infected within marriage, 3 by foreign seamen and one was a prostitute, who may have disseminated infection.

Fourteen (45 per cent) of the males with early syphilis were immigrants, 7 of whom were from Hong Kong. There were no West Indians. Two of the women were from Eire and one from the West Indies.

Patients with late non-infectious syphilis, who present no hazard to the public health remain few in number (Table A). Such small numbers stem from the decline in infectious syphilis during the post-war years, more efficient diagnosis and treatment of early syphilis and painstaking case-finding effort.

TABLE C
Early acquired syphilis in
Manchester clinics

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1946 ..	896	562	1458	1956 ..	7	4	11
1947 ..	749	433	1182	1957 ..	2	1	3
1948 ..	620	357	977	1958 ..	9	2	11
1949 ..	443	255	698	1959 ..	10	3	13
1950 ..	257	161	418	1960 ..	12	6	18
1951 ..	117	66	183	1961 ..	22	3	25
1952 ..	43	24	67	1962 ..	16	5	21
1953 ..	20	13	33	1963 ..	23	9	32
1954 ..	24	15	39	1964 ..	13	3	16
1955 ..	21	12	33	1965 ..	31	16	47

Congenital syphilis

Congenital syphilis passed on to an unborn child by an infected mother is a readily preventable condition and should never occur. It is prevented by detection and treatment of maternal syphilis. Routine blood tests for syphilis are essential during the first and every subsequent pregnancy in every woman.

It is significant that 4 of the 16 females found to have early syphilis in 1965 were sent to the venereal disease clinics by ante-natal clinics, because of positive routine blood tests during pregnancy. The recent rise in the number of early syphilitics, however small, calls for increased vigilance on the part of the maternity services.

No case of infantile congenital syphilis has been seen in the Manchester clinics since 1959 and indeed no child under the age of 15 with congenital syphilis, since 1960.

Gonorrhoea

Table D. shows the numbers of gonococcal infections treated in the clinics in Manchester since 1946. The figures represent gonococcal infections and not individuals. In any one individual, multiple reinfection from the same source is made possible within a short period by the efficacy of modern treatment. The rising trend of gonorrhoea in males between 1956 and 1962 was largely due to the influx of male immigrants unaccompanied by females of their own race. Whilst inevitably some infection must have been imported by these immigrants, the vast majority of those who attended the clinics were infected after arrival, and continue to be reinfected by a relatively small number of promiscuous females who, through ignorance or neglect, form the reservoir of infection.

The pattern is not yet clear but the interruption of the rising incidence of gonorrhoea suggested in 1963 and 1964, appears to be more evident. In 1965, the total number of gonococcal infections has decreased by 20 per cent in both males and females. The locality of infection was unknown in 257 males and 66 females but of the remainder, 80 per cent and 95 per cent respectively were infected in the area served by the clinics.

TABLE D
Gonorrhoea in Manchester clinics

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1946 ..	2854	693	3547	1956 ..	1283	343	1626
1947 ..	2409	495	2904	1957 ..	1557	393	1950
1948 ..	2080	368	2448	1958 ..	1765	455	2220
1949 ..	1644	361	2005	1959 ..	1739	507	2246
1950 ..	1278	242	1520	1960 ..	1535	496	2031
1951 ..	1266	248	1514	1961 ..	1925	574	2499
1952 ..	1475	444	1919	1962 ..	1947	555	2502
1953 ..	1214	348	1562	1963 ..	1831	569	2400
1954 ..	1175	314	1489	1964 ..	1899	573	2472
1955 ..	1345	365	1710	1965 ..	1547	464	2011

The ratio of males to females remains fairly constant at 3.3:1, comparing favourably with a ratio of 4.1:1 in 1946 and 4.9:1 in 1947. This represents more efficient contact-tracing and case finding. Since females with gonorrhoea are frequently unaware of infection, the keystone of the contact-tracing effort must be the infected male who alone knows his source of infection. Such primary sources of infection remain undetected without the co-operation of the infected male, which in turn depends on his social and educational background.

Venereal disease in young people

Much publicity has recently been given to the rising incidence of venereal infection among young people. In 1965, of the total of 47 patients with early syphilis treated in the Manchester clinics, 4 (8 per cent) were under the age of 20, only 1 of whom was a female. Young males under the age of 20 accounted for 148 (9 per cent) of the 1,547 treated for gonorrhoea, whilst 123 (26 per cent)

of the 464 females were in a similar age group. Table E shows the age groups of females treated for gonorrhoea during the past five years. An absolute and relative increase has occurred in 1965 in the under-20 age group, in spite of a 20 per cent decrease in the total number of females treated. The rising trend in the incidence of gonorrhoea among young females has therefore shown no signs of abating, even in the face of a significant decrease in other age groups and in the total numbers treated in the clinics.

Table E
Age groups of females with gonorrhoea in Manchester clinics

Age (years)	1951 No.	1961 No.	1962 No.	1963 No.	1964 No.	1965 No.
Under 16	—	3	3	9	8	3*
16 and 17	7	32	27	37	39	42
18 and 19	34	91	83	94	73	78
Total under 20	41	126	113	140	120	123
% age under 20	16	23	20	24	21	26
20 to 24	122	198	219	200	222	172
25+	151	217	223	229	231	169
Totals	314	541	555	569	573	464

*Gonococcal ophthalmia neonatorum and gonococcal vulvo-vaginitis in children are now excluded.

Venereal disease in immigrants

The influence of male immigrants on the incidence of gonorrhoea is shown in Table F. It is evident that this influence is decreasing and the trend which showed an increase until 1963, has now been reversed. In 1965, males from the United Kingdom formed 57.9 per cent of those treated in Manchester whilst immigrants formed 42.1 per cent. It is also significant that the 20 per cent overall decrease in gonococcal infections in 1965 comprises a 12 per cent decrease in males from the United Kingdom and a 27 per cent decrease in immigrant males.

Table F
Country of origin of male patients with gonorrhoea in Manchester clinics (excluding Seamen's Dispensary).

Country of origin	1955		1959		1963		1964		1965	
	No.	per cent.	No.	per cent.	No.	per cent.	No.	per cent.	No.	per cent.
U.K.	907	68.5	807	46.8	796	44.0	1,003	53.3	885	57.9
Non-U.K.	417	31.5	918	53.2	1011	56.0	870	46.7	642	42.1
Totals	1,324	100	1,725	100	1,807	100	1,873	100	1,527	100

There has been no evidence of a drift of immigrants away from the Manchester area, so that this welcome decrease results from other causes. The most obvious of these has been the effect of the Commonwealth Immigrants Act, 1962. Most new immigrants are now family groups, who inevitably form a stabilizing influence. In addition to restriction of entry, some integration of immigrants already here, their advancing years and the establishment of more stable sexual relationships, may all have had an effect. Immigrant females have not so far posed many problems regarding venereal disease.

Other conditions

A large and time-consuming part of the work of venereal disease clinics consists of investigation of patients who have neither syphilis nor gonorrhoea. In 1965, 983 males were treated for non-gonococcal urethritis, many of the causes of which remain unelucidated. In addition, 662 males and 614 females were treated for other conditions and 944 men and 316 women required only reassurance. Routine smears for the diagnosis of cervical cancer by exfoliative cytology are taken from all women over the age of 25 who attend the clinics.

Venereal diseases social worker

A health visitor attends the clinic sessions for females at St. Luke's Clinic and has a specific responsibility for contact-tracing and follow-up. During 1965, 586 home visits were paid to contacts and defaulters from St. Luke's, Manchester Royal Infirmary and Hope Hospital, Salford, special clinics.

Defaulters attending clinics following home visits by social	
worker	87
Contacts traced and attended clinics	41

Talks on the social aspects of the work were given to medical and community nursing students from the University of Manchester, to student midwives from Manchester and Salford and to health visitors from Manchester.

Summary

In summary, during 1965, there has been an apparently significant decrease in the total number of patients, both male and female, treated for gonorrhoea. This decrease is most marked amongst immigrant males. In contrast to the overall decrease, there has been an absolute and relative increase in the number of infections in females in the under-20 age group and this remains a disturbing feature. There has been an increase in early syphilis and, although the total numbers are as yet small relative to the size of the population, this increase leaves no room for complacency.

General Medical Services

Medical Reviews

Department	Pre-employment medical questionnaires examined	Pre-employment medical examinations and/or X-rays	Retirements due to incapacity	Miscellaneous medical reviews
Airport	88	14	2	1
Art Galleries	7	3	—	1
Baths and Laundries ..	1	—	1	16
Children's	176	148	—	5
City Architect's	25	1	—	—
City Estates and Valuation	18	1	—	—
City Planning	27	3	—	—
City Surveyor's	55	3	10	19
City Treasurer's	54	1	1	2
Cleansing	1	—	4	113
Direct Works	50	2	6	132
Education	—	—	20	1
Fire Brigade	2	—	—	1
Health	618	193	9	7
Housing	82	4	—	—
Libraries	112	9	1	1
Lord Mayor's	1	—	—	—
Markets	2	—	1	3
Parks and Cemeteries ..	12	1	6	9
Police	164	9	2	2
Probation	7	—	—	—
Rivers	15	—	1	—
Stationery	27	3	—	—
Town Clerk's	61	—	—	2
Town Hall Superintendent's	—	2	—	1
Transport	—	—	31	1
Waterworks	46	3	2	13
Weights and Measures ..	4	2	—	—
Welfare Services	94	13	3	14
Totals	1749	415	100	343
For other local authorities	—	—	—	47
Grand totals	1749	415	100	390

In the case of the Children's Department and certain sections of the Health Department, a chest X-ray and/or medical examination is compulsory. Entrants to the Education Department are examined by the School Health Service medical officers and the Transport Committee's own medical officer examines applicants for administrative posts in the Transport Department.

Town Hall clinic

The new staff welfare, first-aid and immunization clinic, situated in the Town Hall extension basement, opened in January. The clinic is staffed by a qualified nurse during normal working hours and this nurse also acts as a welfare adviser and sick visitor, under the supervision of a senior departmental medical officer, for all Corporation staff. On occasions the clinic has been used by a departmental medical officer for carrying out special medical examinations, including pre-employment examinations.

Details of the work carried out include:—

Reason for attendance		Number of attendances
Treatment of injury and illness	first attendances	86
	total attendances	256
Medical interviews i.e. suitability for normal work after illness, personal and social problems, etc.		104
Home visits to Corporation employees on sick leave		46
Medical examinations		28
Immunization	Yellow fever	1,885
	Poliomyelitis	23,928
	Other	44

The Manchester Regional Hospital Board No. 2 Mass Radiography Unit used the clinic facilities for nine weeks commencing in January for the periodic chest X-ray examination of Corporation staff. A total of 10,523 examinations were carried out at this time.

Pre-employment medical review

Comprehensive medical questionnaires are completed by all applicants for employment in the Corporation service. The screening of these medical questionnaires is carried out by senior medical officers of the department and in only a minor proportion of cases is subsequent action necessary. One thousand seven hundred and forty-nine medical questionnaires were checked and it was necessary for medical examinations and/or chest X-rays to be carried out in four hundred and fifteen of these cases. Only twenty-seven applicants were medically unsuitable for employment. Five registered disabled persons were considered to be medically suitable for employment.

Long term sickness absence

The Medical Officer of Health, at the request of employing committees and heads of departments, and with the permission of the employees concerned, obtained confidential medical reports on employees absent from duty due to sickness for prolonged periods of time or when their entitlement to sickness benefit was about to expire. Subsequently, twenty-two employees were referred for medical examination by independent consultants and, as a result, three employees were found alternative work of a less strenuous or arduous nature.

Retirement on medical grounds

Recommendations were made by the Medical Officer of Health for the retirement on medical grounds of one hundred employees who were incapable of carrying out their duties and for whom no suitable alternative work was available. The following table indicates the individual medical causes of retirement, with nearly 50 per cent. of cases resulting from bronchitis and heart disease.

Nature of incapacity	Number of cases
Malignant neoplasms	9
Diabetes	1
Psychoneuroses and psychoses	8
Vascular lesions affecting central nervous system	4
Other diseases of nervous system and sense organs	9
Coronary disease	22
Other diseases of heart	10
Other diseases of circulatory system	7
Bronchitis	15
Other diseases of respiratory system.. .. .	1
Ulcer of stomach or duodenum	1
Other diseases of digestive system	1
Arthritis	6
Other diseases of bone and organs of movement	1
Other causes	5
	<hr/> 100

Medical review of hackney carriage drivers

It is necessary for applicants to the Watch Committee for hackney carriage licences to submit medical reports completed by their family doctors. In these reports special attention is directed to the presence of eye defects, heart disease and diseases of the nervous system. New applicants numbered 155 whilst 109 renewal applications were submitted. In one case it was necessary to recommend the rejection of the application.

Examination of children referred by the Children's Department

Medical officers of the department examine children about to be taken into care by the Children's Department to ensure their freedom from infection.

Medical inspection at Manchester Airport

The Medical Officer of Health is responsible for health control and the medical inspection of aliens and commonwealth immigrants at Manchester Airport. Four medical officers of the Health Department and nine private general medical practitioners living near to the airport are appointed to act on behalf of the Medical Officer of Health in this capacity. Persons arriving on aircraft from smallpox endemic areas of Africa, Asia and America (except the United States of America or Canada) and from any smallpox local infected area were, under the Public Health (Aircraft) (Amendment) Regulations, 1963, required to be in possession of a valid smallpox vaccination certificate; where necessary vaccination was carried out at the airport. In addition, passengers arriving from areas of Central Europe infected with typhus fever were referred for surveillance to the appropriate medical officer of health.

The number of persons examined under the Aliens Order was seventy-eight and three hundred and twenty-five commonwealth citizens were examined under the Commonwealth Immigration Act. As a result of adverse medical reports by the examining medical officers the Immigration authority refused to admit two aliens, while a further two aliens were conditionally admitted for a limited period only. Twenty-two aliens and five commonwealth citizens were refused permission to land for other than medical reasons.

In accordance with the arrangements detailed in a communication received from the Chief Medical Officer of the Ministry of Health in January, notifications of destination addresses of 1,094 long-stay immigrants were sent to the medical officers of health of the appropriate county or county borough councils to enable contact to be made with these immigrants and especially to acquaint them with the medical facilities available in this country.

Immigration

At the beginning of the year arrangements were made by the Ministry of Health for all long-stay immigrants, referred to medical inspectors at ports of arrival, to provide details of the destination addresses. In addition, a hand-out card containing details of the medical facilities available in this country, and printed in European and Asiatic languages, was made available for distribution to all immigrants. The Port Medical Officer subsequently transfers the relevant information to the medical officer of health concerned, who must then arrange for the immigrant to be contacted and encouraged to avail himself of the medical services provided under the National Health Service, and especially to have a chest X-ray performed.

At a later stage this notification scheme was enlarged to include dependants who obtain entry certificates in their country of origin.

A total of 813 notifications were received relating to immigrants stated to be proceeding to addresses in the City. First contact was made by public health inspectors and was successful in 657 cases. Information relating to the immigrants was then passed to the Nursing Services Division and to the School Health Service to enable further follow-up to be made as necessary. As well as urging all immigrants to register with a medical practitioner, with a view to chest X-rays being arranged, all child and certain adult immigrants were offered facilities for tuberculin testing and B.C.G. vaccination if appropriate.

Details relating to the numbers of immigrants coming to the City and the numbers of successful contacts made are shown in the following table:—

Country where passport issued as stated by Port Health Authority	Number of advice notes received during the quarter ended					Cases where successful contact made with immigrant during year	
	March	June	September	December	Totals	Number	Percentage of notified arrivals
Commonwealth countries:—							
Carribean	46	116	85	77	324	285	88·0
India	9	10	13	23	55	39	70·9
Pakistan ..	28	45	59	71	203	137	67·5
Other Asian	2	11	4	9	26	19	73·1
African ..	10	25	27	16	78	58	74·4
Other	3	1	1	1	6	5	83·3
Non-Commonwealth countries:—							
European ..	20	21	33	36	110	103	93·6
Other	4	—	3	4	11	11	100·0
Totals	122	229	225	237	813	657	80·8

Further information will be found elsewhere in this report relating to follow-up visits and other subjects concerning immigrants.

Re-housing on medical grounds

Re-housing and transfer applications are in many instances supported by medical evidence which is submitted on the applicant's behalf by medical practitioners, hospital welfare organizations and other sources. A medical

officer of the department reviews the evidence together with a report from one of the department's housing inspectors, following a visit to investigate housing conditions. Three thousand eight hundred and ninety-two cases were considered compared with two thousand seven hundred and eighty-eight in the previous year. Subsequently, the recommendations of the Medical Officer of Health were referred to the Director of Housing.

Cremation certificates

The Medical Officer of Health is medical referee to the Blackley Crematorium and doctors A. J. Essex-Cater, B. J. Griffiths and A. Butterworth are appointed deputy medical referees. Eight hundred and twenty-one certificates were examined and although in some instances further information had to be obtained it was on no occasion necessary for the medical referee to withhold signature subsequently.

Exemption from parking meter charges for disabled persons

Disabled persons using invalid carriages or adapted motor vehicles, and who need to park such vehicles in the City centre, can be provided with badges exempting them from parking meter charges. The Medical Officer of Health examines applications for such exemption and thirty-three new applications were approved. Ninety-five applications were renewed for a further year.

Examination of Waterworks Department staff

The routine examination of new employees engaged on work carried out by the Waterworks Department on the Thirlmere and Haweswater pipelines and on the service reservoirs continued.

In the latter half of the year, after the transfer of the Public Health Laboratory from Monsall Hospital to new premises at Withington Hospital, it became possible for blood for Widal tests from employees based in and around Manchester to be obtained on the laboratory premises instead of at the Health Department. While all administrative arrangements and the submission of faeces and urine specimens to the laboratory continue to be a Health Department responsibility the revised procedure has practical technical advantages. The number of men examined was fifty-nine of whom twelve were asked to submit additional specimens because of slight doubts in the results of the blood tests, but results were finally satisfactory in all cases.

Radioactivity

Radioactivity committee

The ninth meeting of this committee was held in November, when the special problems associated with certain types of accidents involving the transport of radioactive substances were discussed. In particular the protection of persons, involved in fire prevention or rescue operations, against the inhalation of airborne radioactive particles was considered in detail. It was agreed that the Home Office should be approached for further information and advice. It was reported that the Senior Radiochemical Inspector of the Ministry of Housing and Local Government had initiated a monitoring survey of sewers in the Christie Hospital area, with the active co-operation of the Rivers Department. No results are yet available.

Radioactive Substances Act, 1960

By the end of 1965 thirty certificates of registration to keep or use radioactive material and ten certificates to accumulate or dispose of radioactive waste had been issued to firms and establishments in the City by the Ministry of Housing and Local Government.

The definition of "radioactive material" (section 18) brings within the scope of this Act a number of minor uses and some commonplace items not normally regarded as radioactive (such as lighter flints). Provision, therefore, was made in the Act for exemption where control is not warranted; relevant Exemption Orders are Statutory Instruments, 1962, nos. 2640 to 2646, 2648, 2649, 2710 to 2712 and 1963, nos. 1831 to 1836.

Nuclear Installations Act, 1965

This Act repeals the Nuclear Installations (Licensing and Insurance) Act, 1959, and the Nuclear Installations (Amendment) Act, 1965. There are now no nuclear site licenses applicable in respect of industrial sites within the City.

Non-statutory codes of practice

By the end of 1965, twenty-three applications to use radioactive substances in schools for teaching purposes had been received by the Medical Officer of Health for approval and seven countersignature applications were returned for amendment or clarification before signature.

Shoe-fitting fluoroscopes

In 1958, following a Medical Research Council Report, the Home Office prepared a code of requirements for the control of shoe-fitting fluoroscopes, advising that machines should conform to a standard specification regarding radiation levels and should be regularly inspected. In addition, the attention of customers was to be drawn to the risks associated with repeated exposures. A period of five years dating from July, 1958, was allowed for the modification of existing machines and in training operators. A review of shoe-fitting premises in the City is now being made to determine the conditions prevailing, and arrangements to monitor the radiation levels during operation of these machines will be made.

Health Education

One object of health education is to inform people how to prevent illness and accidents. While this objective has again been pursued by the distribution of appropriate literature the most important means of communication continued to be made through the personal contact of field workers of the public health team—medical officers, health visitors, midwives, mental health workers and public health inspectors—with members of the public.

Health visitors have a responsibility to give information and to encourage those concerned to act upon it. Such information or advice, though necessary, can sometimes prove unwelcome as it may involve the eradication of a habit which the individual is unwilling to forego. Health visitors are concerned both with the factors which promote physical health and with those which appertain to mental health. They are preoccupied too with the varied social and family problems which influence the health of the family.

Health education of expectant mothers is of primary importance and lectures and demonstrations for their benefit are given at clinics throughout the City. It is in the months before the baby is born that a mother is most receptive, and every effort is made to explain what help will be available to her in the important work of caring for her child. Special attention is given to the less literate mothers because they need patience and understanding, but all mothers are often in need of guidance and support to meet the physical and emotional demands of their families.

Unfortunately, because smallpox and diphtheria do not now appear as real dangers, many parents are reluctant to have their babies immunized. Much time is spent by health visitors in warning mothers of the dangers of complacency and in encouraging them to safeguard their children. Only a real threat to health will dispel public apathy. Thus the presence of poliomyelitis in the North-West markedly increased the public interest in immunization, but only for a relatively short period of time.

The casual conversation can be a most effective means of giving health advice, but group discussions are held in child welfare centres to allow for the exchange of views and for the sharing of knowledge. Mothers of toddlers find these discussions helpful and interesting. A wide range of topics is covered including diet, footwear, and home safety, etc.

Immigrants from countries with cultural patterns different from our own receive special attention. Many are unfamiliar with our language and valuable assistance in interpreting is provided by voluntary workers acting under the guidance of the liaison officer for immigrants.

Cancer health education is of paramount importance and health visitors attended lectures on this subject to assist them in helping the community to take steps to seek early examination and advice. Health visitors gave a generous proportion of time to the training of student nurses, who attended lectures and were given district experience by visiting with the health visitor and by observing their work in the child welfare clinics.

It has been a pleasure to welcome and encourage visits from students and others and to give them the advantage of experience in dealing with health and welfare problems. Overseas visitors have included an Australian specialist in health education, a nursing officer from Helsinki and representatives of the Polish and Israeli nursing services.

Public health inspectors made many thousands of visits to premises used for the storage, preparation or sale of food and to dwelling-houses and to other premises. In the course of their duty they act as health education liaison officers giving advice on personal hygiene, housing conditions, on cleanliness of premises and equipment and on many matters connected with environmental hygiene. In addition, lectures were given by public health inspectors to nurses, welfare officers and commercial employees on various subjects including epidemiology, food hygiene, smoke control and the application of the Offices, Shops and Railway Premises Act, 1963.

The Educational Project of the Manchester Regional Committee on Cancer, of which the Medical Officer of Health is Chairman, continued to provide in the City a service of advice and information about cancer to voluntary groups and societies, to schools and colleges, and to people at their places of work. The report of a survey of public opinion about cancer, which was conducted within the City, was published in the Spring. This showed improvements in beliefs about the curability of early cancer and about the value of early treatment for many forms of the disease, and is an encouragement to Manchester and other local authorities who have supported for many years this project to relieve

unwarranted, and sometimes fatal, pessimism about cancer. Among the many talks and film-shows to schools and colleges given by lecturers from the educational project a talk to students from Didsbury College of Education was particularly satisfying to the committee, since this group of students are destined to take responsibility for health education in the schools to which they are eventually appointed. With the approval and support of the Medical Officer of Health the committee arranged for a series of talks to be given, and for a film outlining the association of cigarette smoking and lung cancer to be shown to Corporation employees.

Although the time is not yet ripe to stimulate further the already heavy demand on the City's clinic services for cervical cytology, the committee is planning an educational film-strip for showing to women's groups in the future. The officers of the committee's educational project also collaborated in planning an instructional film on this subject for doctors and nurses. This, the first British production of its kind, was filmed in Manchester at the Christie Hospital and at St. Mary's Hospital. Under the title "*Stage Nought*" it had its preview at the University of Manchester towards the end of the year and has since been seen by the Health Department medical and nursing staff.

Manchester fully endorses the view of the Manchester Regional Committee on Cancer that the education of the public directed toward securing earlier diagnosis of cancer, or toward preventing some forms of the disease, can hope for success only if it has the active support of doctors and nurses. The arranging of regular lectures by the committee's speakers to the City's full-time nurses and health visitors under training is evidence of a willingness to co-operate in every possible way with this attempt to reduce the number of needless deaths from cancer.

The measures used in the past to propagate health education have been reflected by the demand for pamphlets, booklets and posters, especially posters dealing with smoking. Posters and health education material have been obtained from the Central Council for Health Education, the Ministry of Health and from the Royal Society for the Prevention of Accidents, for dissemination to medical students, social administration students and to youth groups. The booklet "Family Welfare Service" has been revised and a new edition is to be published. This booklet lists the help which is offered to citizens who may require advice in regard to personal and family problems.

In an effort to prevent the spread of venereal diseases measures were undertaken to provide wide circulation of posters advertising the location of clinics dealing with these diseases and the times of attendance. These posters were displayed in public conveniences, in Corporation departments where members of the public are liable to call for help and advice, and also on public notice boards fronting on to main thoroughfares.

Ambulance and Transport Service

There was again an increase in the demand for ambulance transport, the 296,920 patients conveyed being 7,184 more than the previous year.

Fifty-two two-stretcher ambulances and nineteen one-stretcher dual-purpose vehicles were in service at the end of the year.

Operational record

Ambulance service							1965		1964	
							Stretcher	Sitting	Stretcher	Sitting
							cases	cases	cases	cases
Patients carried—										
accidents							13,286	—	17,034	—
general							18,279	264,134	15,115	255,236
others							762	459	831	1,520
							32,327	264,593	32,980	256,756
							(296,920)		(289,736)	
Total mileage—										
two-stretcher ambulances							728,471		739,031	
dual-purpose vehicles							297,218		290,344	
pool cars							460		3,494	
							1,026,149		1,032,869	
Hospital car service										
Patients carried							29,810		31,515	
Mileage							157,719		171,807	

Train journeys

In appropriate cases the transport of patients by rail was arranged with 851 cases carried, an increase of 115 on the previous year.

Flying squad

The provision of ambulance transport for the emergency maternity flying squad and its equipment provided by St. Mary's Hospitals continued. The flying squad was called out on 124 occasions and in 51 cases the patient was transferred to hospital.

Staff

The approved establishment of operational staff remained unchanged. First-aid training continued at the main depot and two courses were completed.

All drivers, employed in the Health Department on 1st January of each year, are entered in the National Safe-Driving Competition organised by the Royal Society for the Prevention of Accidents. One hundred and sixteen drivers qualified for awards for 1964, including 105 ambulance drivers, and the presentation of the awards was made by the Chairman of the Health Committee—Councillor K. Collis—at a function held in the Town Hall in September.

Hospital car service

Hospital car service volunteers recruited by the Women's Voluntary Services continued to augment the ambulance service, particularly in the transport of walking cases to and from out-patient clinics and convalescent homes. This help has been invaluable in coping with the heavy demand for transport.

Civil defence

Standard and advanced training in the work of the ambulance and first-aid section was given regularly. Twenty-one volunteers passed the standard training test and entered Class A and 28 volunteers passed the advanced training test. Two full courses in first-aid were completed with 37 volunteers qualifying and 21 re-qualifying.

Drivers were given opportunities, twice monthly, to drive the civil defence ambulances and to participate in map reading exercises. Two large-scale exercises were arranged, the first was a divisional exercise at Ollerton, near Nottingham, attended by 24 volunteers and the second, in North Wales, was organized by the Lancashire and Cheshire County Civil Defence authorities and was attended by 25 Manchester personnel. A team was entered for the Regional Tourney at Belle Vue, Manchester, in July.

One course of ambulance and first-aid section standard training for men and women in the peace-time ambulance service was held at the main ambulance depot.

Municipal car pool

One limousine car and seven saloon cars were operated as a municipal car pool, being used by various committee members and officials and also to convey mental and other patients to hospital, these latter journeys being included in the ambulance service statistics. The operating mileage of 73,855 miles was 1,999 miles less than in 1964.

Commercial vehicles

Four vans operating for the Health Department, travelled 39,663 miles, of which 8,467 miles were incurred on disinfection service duties.

Disinfection and disinfestation service

A disinfection and disinfestation station is an integral part of the Monsall sub-depot, two steam disinfectors being available for clothing and bedding. In addition, a formalin chamber is used for articles that cannot be subjected to steam pressure. One of the commercial vehicles serves as a bedding van for the collection of infected bedding and clothing, and is designed to facilitate rapid disinfection of its interior.

Immunization unit

The mobile immunization unit continued to be used for children whose parents were unable to use the services provided at child welfare centres. The operating mileage was 8,150 miles compared with 8,540 miles in 1964.

Operating mileage

The total mileage operated by all sections of the ambulance and transport service in 1965 was 1,147,357 miles.

Langho Colony for Sane Epileptics

(Administered and maintained by the Manchester City Council, under the terms of Part III of the National Assistance Act, 1948)

STAFF

G. A. Thompson, M.R.C.S.(Eng.), L.R.C.P.(Lond.)	Medical Superintendent
Henry W. Hayward, S.R.N., R.M.N., B.T.A.	Matron
S. A. C. Bunn, F.C.C.S., A.H.A.	Secretary-Steward

On 31st December there were 240 male and 214 female residents; of these, 141 were chargeable to the Corporation of Manchester and 313 chargeable to other authorities. There was a steady demand for admission and applications for vacancies have been received from many parts of the country.

The following table of statistics refers to the residents in the Colony during the year:—

		<i>Males</i>	<i>Females</i>	<i>Totals</i>
Admissions	..	40	9	49
Re-admissions	..	30	6	36
Discharges	.. ..	64	7	71
Deaths	.. ..	8	8	16

The total number of epileptic seizures was 10,835, classified as follows:—

		<i>Severe</i>	<i>Slight</i>	<i>Total</i>	<i>Average per resident per year</i>	<i>Number of residents maintained</i>
Males	..	4,517	3,512	8,029	39	240
Females	..	1,215	1,591	2,806	13	214
Totals	..	5,732	5,103	10,835	—	454

Dr. S. Woodcock, M.R.C.P., a consultant neurologist, was appointed part-time consultant to the Colony by the Manchester Regional Hospital Board last year. Dr. Woodcock now holds fortnightly clinical sessions at the Colony and, when appropriate, cases can be referred to the Preston Royal Infirmary for further investigation. In addition to epilepsy, residents often have other physical handicaps and associated socio-economic difficulties which are generally minimized by the environment provided by colony life.

Over 110 residents attended the occupational therapy department daily. This department has been steadily expanded and industrial therapy introduced; this, in association with the social and recreational amenities available, gives the average resident a very full life and exerts a beneficial influence on morale. In addition to existing work programmes the packing of nylon materials used in craftwork, the assembling of plastic toys and the painting of toy soldiers was introduced.

The social programme included the weekly film shows, dances, concerts, holidays at Blackpool and Southport and visits to pantomimes and circuses. Cricket and football matches were played against hospitals in the Manchester Regional Hospitals Patients' Leagues, and the Colony cricket team did very well in the Ribblesdale Junior League. Blackburn Rovers' junior teams frequently played their "home" matches on the Colony football ground.

Miss Jane F. Marginson, Deputy Secretary-Steward, retired in March after completing over 41 years' service, and Miss Barbara M. Badger, Deputy Matron, retired in June, after 33 years' service; both officers were conscientious, loyal and devoted members of the Colony staff.

Mr. Stanley Collier, who was previously employed by the Lancashire County Council, was appointed to the vacant post of Deputy Secretary-Steward and commenced his duties in May. Mrs. Marjorie Clark, R.N.M.D., R.M.P.A., was appointed to the vacant post of Deputy Matron in December.

In April, after more than 20 years' service, the Reverend W. Eddleston, M.A. resigned his appointment as part-time chaplain at the Colony to accept a living in the south of England. His temporary successor was the Reverend C. E. Rogerson of Saint Michael's and All Angels Church, Blackburn, who relinquished the post in December, following the appointment of Mr. D. Welch as successor to Mr. W. Eddleston at the local parish church of St. Peter's, Salesbury.

Delegations from the Birmingham, Blackburn, Bradford, Oldham, Rochdale and St. Helens county borough councils visited the Colony. A visit to the Colony has now been incorporated into the curriculum for the Certificate in Social Work course at both the Manchester and the Liverpool colleges of commerce and the Harris College, Preston. After a short lecture students tour the Colony and time is allowed for discussion with members of the staff.

The staffing position at the Colony has been satisfactory, despite intense local competition in recruitment.

The Colony ranger company of Girl Guides had another successful year. They enjoyed outdoor activities during the summer months and attended many outside functions in North-East Lancashire. They were actively encouraged to mix with other companies and have taken courses in first-aid and sick nursing, map reading, woodcraft and handicrafts; all this has helped to broaden their outlook and given them more self-confidence. Recently, two of the girls entered for the Duke of Edinburgh Award (physically handicapped section).

The pattern of the farming activities did not alter much. Some labour difficulties were experienced and every effort was made to minimize any adverse effect on production. All Colony produced milk is now pasteurized. The farm continued to carry on an average 120 head of cattle, approximately 400 pigs and up to 3,000 poultry. A manure enclosure has been converted into a controlled environment poultry-house for 1,200 birds. A multi-purpose type of hay-making machine, which speeds up all the processes and enables one man to do the work of three, was purchased.

Dr. Garrett Memorial Home

The Home, situated on the western bank of the river Conway, affords good climatic conditions amongst picturesque surroundings. Accommodation is provided for 135 children between the ages of two and fifteen years. By recommendation of the school medical service, maternity and child welfare centres, City hospitals and general medical practitioners, children suffering from some impairment of health receive the benefit of six weeks convalescence by the sea. Admissions and discharges are effected weekly by the use of a chartered omnibus.

Simple outdoor activities are the main theme during the spring, summer and autumn. During the winter, a weekly cinema show is given and when inclement weather precludes outdoor activity simple handicraft instruction, musical games and dancing, drawing and painting, card and other games are arranged. The daily children's hour on television is a great favourite. The outdoor sleeping chalets (64 beds) were not used during the six colder months of the year.

Again, this year, there were no reductions of admission days due to infectious diseases. Statistics of admissions and discharges and of nursing care provided are given in the following tables:—

Admissions		
Type of case	1965 Number of cases	1964 Number of cases
Admissions	861	909
Re-admissions from hospitals.. ..	3	6
Totals	864	915

Discharges

	1965 Number of cases	1964 Number of cases
"fit"	820	845
"improved"	42	59
"to hospital"	5	7
Totals.. .. .	867	911

A gain in weight was recorded in all but eleven of the children discharged.

Nursing care required

Illness	Cases	
	1965	1964
Acute upper respiratory infection	19	20
Acute sore throat	49	32
Otitis media	6	8
Bronchitis	8	6
Common infectious diseases	62	32
Influenza	4	72
Minor ailments and injuries	6	2
Virus infections.. .. .	10	9
Other conditions	29	30
All types	193	211

The maximum number of children maintained was 111 and the minimum 58, compared with 123 and 64 respectively last year, giving an average of 80 compared with 88 last year. Ninety-two children were taken home prior to the normal date of discharge, compared with one hundred and four last year; absences without permission occurred on ten occasions compared with five last year.

Recruitment of resident nursing and attendant staff was very unsatisfactory and students on vacation were again engaged to supplement vacancies, thus enabling more children to be maintained.

The Mayor and Mayoress of Conway visited the Home on Christmas morning and presented each child with a new shilling. Local residents and societies provided numerous and delightful gifts for distribution on Christmas Day.

Municipal Hostels

Women's Ashton House, Corporation Street, Ancoats.

Mrs. A. G. Barber—Manageress—to 10th October, 1965.

Miss H. G. Frost—Manageress—from 19th October, 1965.

Men's Walton House, Harrison Street, Ancoats.

Mr. H. Stainton—Manager—to 30th November, 1965.

Mr. H. Irving—Manager—from 1st December, 1965.

The municipal hostels are registered common lodging houses, providing accommodation, in separate cubicles, for 210 women in Ashton House and 452 men in Walton House. The average nightly occupancy for the year was 89 and 366 respectively which, compared with 1964, was approximately a twelve per cent. decrease at Ashton House and a three per cent. increase at Walton House.

The hostels provide excellent accommodation for working men and women and, although they are not at present being used to capacity, there can be little doubt of their popularity and usefulness, especially during the winter months when Walton House had very few vacant beds. Residents are accommodated in separate cubicles, each being furnished with a comfortable bed, bedside chair, clothes-hooks and, in the women's hostel, mirrors and bedside mats. Except for night workers, residents are not allowed in the cubicles between 8-30 a.m. and 7 p.m. but have access to all other amenities including the use of kitchens, dining rooms, smoke rooms furnished with easy chairs and a television set, reading rooms, laundries, baths and lavatories. Cooking utensils, soap and towels are provided free. Wardrobe lockers are available for personal belongings; cooked meals are available at moderate charges and, for those who prefer to prepare their own meals, there is a varied selection of groceries available for purchase.

Improvements and alterations carried out have included the purchase of a further 30 easy chairs and 50 wardrobe lockers and the re-decoration of the main hall and corridors at Walton House. At Ashton House water-closet pans and footbaths were replaced and fluorescent lighting provided in the wash house and locker bays in addition to the installation of individual lighting in a further twelve cubicles.

On the retirement of Mr. H. Stainton on 30th November, 1965, owing to ill health, the Health Committee placed on record their high appreciation of his 37 years of loyal, efficient and conscientious service to the City Council.

Mrs. A. G. Barber resigned on 10th October, 1965, after nine years of conscientious service, during which the amenities and standard of accommodation for the residents of Ashton House were improved.

Charges for accommodation are:—

Ashton House—rent of cubicle 4s. per night or £1 6s. 6d. weekly.

Walton House—rent of cubicle 4s. 6d. per night or £1 10s. 0d. weekly.

Nursing Homes and Agencies

The Conduct of Nursing Homes Regulations, 1963, required *inter alia*, that nursing homes which had been exempted from registration under section 192 of the Public Health Act, 1936, be registered with the appropriate local authority from 15th May, 1964. The number of registered nursing homes in the City is nine. Details are as follows :—

<i>Name, address and matron</i>	<i>Purpose of registration</i>
Crossley Maternity Home and Hostel, 13-15, Mitchell Street, Ancoats. (Matron—Major K. Morrisey)	22 maternity patients. (ARD 3606)
Manchester and Salford Methodist Mission, Lorna Lodge, 133, Barlow Moor Road, Didsbury. (Matron—Miss B. J. Hickson).	5 maternity patients. (DID 5219)
Brantingham, 17, Ladybarn Road, Fallowfield. (Matron—Mrs. G. L. M. Richards).	17 medical patients. (RUS 1044)
The Manchester and District School for Jewish Handicapped Children, Laski House, Smedley Lane, Cheetham. (Matron—Sister E. Butcher).	15 mentally handicapped children, (COL 1920)
St. Joseph's Hospital, Carlton Road, Whalley Range. (Mother Superior)	140 medical and surgical patients. (MOS 2231)
Manchester Jewish Homes for the Aged, 208, Cheetham Hill Road, Manchester 8. (Matron—Mrs. B. M. Smith).	100 medical patients. (BLA 3892)
Stonecroft Nursing Home, Parkfield Road, Didsbury. (Matron—Miss Lyon)	12 convalescent patients. (DID 2972)
Philip Godlee Lodge, 842, Wilmslow Road, Didsbury. (Matron—Miss Biddulph)	26 elderly and infirm convalescent patients (BLA 2591)
The Lourdes Hospital, Alexian Brothers, 171, St. Mary's Road, New Moston. (Brother Dominic).	84 medical patients. (FAI 1929)

Visits of inspection were made by a senior medical officer and a public health inspector and advice given where necessary. Details of the cases admitted to nursing homes are as follows:—

Medical cases—

Number admitted	592
Number of deaths	91

Surgical cases—

Number admitted	2,267
Number of operations performed	2,249
Number of deaths	15

Maternity cases—

Number admitted	728
Number confined	681
Number of live births	629
Number of stillbirths	5
Number of deaths of children	1
Number of confinements with inhalation analgesia ..	626

In addition, 108 medical and surgical convalescent patients were admitted to and discharged from a recovery home maintained by the Christie Hospital.

An application for the renewal of a licence, as required by section 2 of the Nursing Agencies Act, 1957, was approved by the City Council. The premises used for the purpose of carrying on this nursing agency were re-visited and found to be satisfactory.

Nursing Services Division

Health visiting

Care of mothers and young children

Welfare centres

Day nurseries

Care of the unmarried mother

Knowle House mother and baby home

Dental care

Nurseries and Child Minders Regulation Act, 1948

Home nursing

Home help service

Midwifery

Prevention of illness, care and after-care

Tuberculosis

Cytodiagnosis, cancer of the cervix

Loan of sickroom equipment

Laundry service

Chiropody

Convalescence

Family welfare service

Darbishire House health centre

Incidence of blindness

Epilepsy and cerebral palsy

Monsall cleansing clinic

Welfare of immigrants

Nursing Services Division

Staff

Medical.

Anna Elizabeth Jones, M.B., B.Ch., B.A.O., D.G.O., D.P.H., Administrative Medical Officer
Paula Ruth Vanstone, B.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.Obst. R.C.O.G., Deputy
Administrative Medical Officer.

Murial Jane Brayshay, M.B., Ch.B.

Marian Buckley, M.B., B.Ch., B.A.O., L.M.

Elsie Margaret Dakin, M.B., Ch.B. (from 12-7-65)

Margaret Davenport, M.B., Ch.B., D.Obst. R.C.O.G. (to 4-6-65)

Annie Margaret Dawson, B.Sc., M.B., Ch.B., D.C.H., D.Obst. R.C.O.G.

Margaret Longden Dennis, M.R.C.S., L.R.C.P.

Mehar Qamrul Hasan, M.B., B.S., D.T.M. & H., M. R.C.O.G.

Joyce Kathleen Howarth, M.B., Ch.B., D.C.H.

Rosaline Howat, M.B., Ch.B.

Mary Christina Kelly, M.B., B.Ch., B.A.O. (from 3-11-65)

Joyce Marjorie Nelson, M.B., Ch.B., D.Obst. R.C.O.G. (to 24-8-65)

Gwen Ellis Owen, M.B., Ch.B.

Isabella Gilmore Pitkeathly, M.B., Ch.B., D.Obst. R.C.O.G. (to 31-8-65)

Jill Roland, M.R.C.S., L.R.C.P. (from 26-7-65)

Dorothy Elizabeth Margaret Thomas, M.B., Ch.B., D.Obst. R.C.O.G. (to 26-11-65)

Stella Yeomans, M.R.C.S., L.R.C.P.

Nursing.

Miss A. M. Clarke, B.A. (Com.), Diploma in Social Study—Organizer of Home Help Service

Miss E. France, S.R.N., S.C.M., M.T. Diploma—Supervisor of Midwives (from 16-9-65)

Miss M. C. Hampson, S.R.N., S.C.M., H.V. Certificate—Deputy Superintendent of Health Visitors

Miss E. M. H. Johnston S.R.N., S.C.M., Q.N., H.V. Certificate, Nursing Administration Certificate (Public Health)—Superintendent of Home Nursing Service (to 30-9-65)

Miss E. A. Lamb, S.R.N., S.C.M., M.T. Diploma—Supervisor of Midwives (to 15-9-65)

Miss M. Thistlethwaite, S.R.N., S.C.M., Q.N., H.V. Certificate—Superintendent of Home Nursing Service (from 1-10-65)

Mrs. B. M. Thornley, S.R.N., S.R.F.N., Hospital Certificate for Tuberculosis— Supervisory Matron and Tutor, Day Nurseries.

(Superintendent of Health Visitors—post vacant)

Health Visiting

The role of the health visitor is a vital one in the scheme of local authority health services. While her duties are many and varied it is accepted that her major effort is devoted to the provision of health education and social advice, especially in relation to the care of mothers and young children and of the elderly. The health visitor is actively concerned with the prevention of illness. In this she has to consider both the welfare of sick patients and of their families who are well, and this often necessitates very close liaison with hospital consultants, family doctors, medical social workers and not infrequently voluntary organizations. Obviously a sick patient's recovery must be accelerated by knowing that the family is adequately catered for.

This work is not only responsible but much of it demands considerable experience. Furthermore, if she is adequately to carry out her duties the health visitor must work very closely in relation with family doctors and must be well acquainted with the majority of families in her area. In a conurbation such as Manchester this is not easy to achieve since a high turnover of staff means that continuity of visiting by the same health visitor is only occasionally possible; indeed 40 per cent. of the present health visitors have worked in their present area for less than two years.

Furthermore, an increasing number of immigrants continues to add to the problems. The health visitor should be able to refer time-consuming cases which are not her immediate direct responsibility—housing problems for example—to specialist social workers, but these are so few in number that the health visitor often has to cope alone. Newly qualified health visitors may consequently be faced with problems which are not strictly within their province and may be discouraged by the volume of responsibility they are forced to accept.

In 1965, six experienced health visitors were appointed field work instructors and, in order to comply with the requirements of the Health Visitor Training Council, had their case loads reduced. Supervision of the practical training of student health visitors was formerly the responsibility of the group advisers, of whom there were five in 1964. The post of group adviser provides excellent experience in preparation for administrative work and it is not surprising that three group advisers left in 1965 to take up administrative appointments with other authorities. One health visitor retired and sixteen health visitors qualified, filling posts created by resignations and retirement.

The approved establishment of health visitors and the numbers employed at the end of the year were as follows:—

	<i>Approved establishment</i>	<i>Employed (approximate whole-time equivalent)</i>
Administrative staff	3	2
Tutors	3	3
Welfare officer	1	1
Group advisers	7	2
Centre superintendents	8	5
Health visitors (full-time)	96	88
Health visitors (part-time)	—	3
Monsall clinic sister	1	1
Totals	119	105
Clinic nurses (full-time)	14	11
Clinic nurses (part-time)	—	4.1
Student health visitors	30	13

Prevention of accidents

Advice on the prevention of accidents, particularly in the home, has always been the province of the health visitor and indeed is included in the health education work which is carried out in homes and at child welfare centres. Poster displays are exhibited regularly in clinics and the subject is one of the main topics in group discussions. Health visitors pay particular attention to mothers who are slow to recognize the hazards in their homes and who, in spite of repeated warnings of danger, leave children alone.

In September, the Royal Society for the Prevention of Accidents inaugurated the South Lancashire and Cheshire Regional Home Safety Council, on which the City is represented by a group adviser, who is also a member of the General Purposes Committee of this council, and who attended the National Home Safety Conference in London in October.

Health visitors also give instruction in road safety to young children through the “Tufty” clubs which are held in conjunction with monthly toddler club meetings in the larger clinics.

In-service training

In October, the first in-service course on mental health for qualified health visitors was inaugurated. It was organized on a day-release basis and blocks of lectures were arranged in psychiatry, psychology and sociology, with the co-operation of consultant psychiatrists at Crumpsall and Booth Hall Hospitals and with the Extra-Mural Department of the University. Single lectures on a variety of allied topics were also arranged. Twelve experienced health visitors attended the course which continues until March, 1966.

It is hoped that a course of this type will enable health visitors to understand the active influence they can exert in relation to the mental health of the families they visit.

The 26th annual refresher course was held in March and the subject chosen was "The Child at Risk of Handicapping Conditions". Lectures were given by Dr. R. N. Smithells, Consultant Paediatrician, Alder Hey Hospital, Liverpool, Dr. Mary Sheridan, formerly of the Ministry of Health and Dr. Miriam Florentin, formerly Senior Medical Officer, Maternity and Child Health, West Ham. The course was very well attended.

Newly qualified health visitors were trained to carry out screening tests of hearing in babies and young children and all were awarded certificates of proficiency.

Post-graduate courses

Health visitors attended courses as follows:—

Organization	Place	Title	Duration of course	Numbers attending
University of Bristol	Bristol	Refresher course for health visitors	2 weeks	1 group adviser 1 health visitor
Health Visitors' Association	London	Course for fieldwork instructors	2 weeks	2 health visitors
University of Glasgow— extra-mural department	Helensburgh	„	2 weeks	4 health visitors
Manchester University— extra-mural department	Manchester	„	2 weeks	1 health visitor
Central Council for Health Education	Salford	Autumn course in health education	3 days	1 group adviser

Prevention of break-up of families

Meetings of co-ordinating committees were held regularly, when the difficulties facing particular families were discussed by those actively concerned with their welfare. These meetings are convened principally to avoid overlapping by the organizations at work and to suggest ways and means of helping the family which may be in danger of break-up.

Each group adviser attends all meetings of the committee in her area of the City and health visitors attend to present reports on families known to them. The majority of cases present financial difficulties among their many problems. Invariably, low intelligence and an inability to manage their affairs are factors which cause families to be a burden on the community.

Thirty-one meetings were held and the circumstances of 90 families were considered, including 73 brought forward from the previous year. Of the 17 new cases 15 were known to health visitors.

Screening tests of hearing in babies and young children

Mothers are encouraged to take advantage of the facilities available in the City for testing the hearing of their babies and young children. The number of child welfare centres where sessions, conducted by health visitors, were held weekly or fortnightly was increased from 12 to 14. Abbey Hey, Gorton and Cheetham child welfare centres are now available for this purpose, but the Chorlton-on-Medlock centre discontinued the facility due to the rehousing of families away from the area. Medical officers attending audiology courses at the University again attended Ardwick child welfare centre for training in screening techniques.

Summary of screening tests undertaken

Centre	Sessions	Children tested	Children passed	Awaiting repeat test	Referred to Department of Audiology
Abbey Hey	8	52	50	2	—
Ardwick	44	218	184	19	15
Baguley	21	96	94	2	—
Charlestown road	32	232	217	6	9
Cheetham	39	139	115	19	5
Chorlton-on-Medlock ..	16	57	52	—	5
Collyhurst	31	217	212	3	2
Darbishire House	41	196	185	—	11
Didsbury	25	288	287	—	1
Gorton	17	128	122	4	2
Harpurhey	12	115	101	9	5
Moss Side	23	147	121	17	9
Northenden	24	227	210	13	4
Plant Hill	24	118	110	6	2
Woodhouse Park	40	285	234	41	10
Totals	397	2,515	2,294	141	80

Liaison with hospitals

The importance of good liaison between the health visiting service and the hospitals cannot be over emphasized. Medical social workers have contacted health visitors with increasing frequency to ensure the after-care of patients who are to be discharged, and the value of the health visitors' reports is recognized by consultants who request them either directly from the liaison health visitor assigned to the hospital or from the Health Department. In 1965, direct liaison was established with the geriatric unit of Crumpsall Hospital and with the out-patient department of Pendlebury Children's Hospital, Gartside Street. Direct liaison is now undertaken with the following hospitals:—

St. Mary's Hospital—department of child health

The health visitor continued to attend the morning clinics and was available to advise any mother referred to her by a doctor. Information on diagnosis and treatment was passed to the district health visitors who undertook supervision at home and frequently submitted reports of social conditions. In certain cases the liaison health visitor herself undertook urgent home visits.

The liaison health visitor was informed of all admissions and was able when necessary to ensure the early follow-up of patients discharged. District health visitors were informed when mothers failed to keep appointments. Frequent visiting and encouragement was often needed to persuade mothers to bring their children for essential medical supervision.

The liaison health visitor also escorted medical students on domiciliary visits to explain the work of health visitors and to demonstrate the social aspects of disease.

Booth Hall Hospital for babies and children

The health visitor attended the consultant paediatrician's ward round on two mornings per week, and maintained a close liaison with the medical social worker. District health visitors were frequently asked for reports on the social conditions of children admitted, to assist the hospital staff to assess the duration of stay in hospital or the need for follow-up after discharge.

District health visitors were informed when children were discharged from hospital, particularly when close supervision or support was necessary. Hospital records were available when any area health visitor required information regarding diagnosis or prognosis. Many mothers do not appreciate the exact nature of their child's illness and the health visitor can often reassure the mother and explain the possible course and treatment of an illness.

Duchess of York Hospital for babies

The liaison consisted of a weekly ward round with the paediatrician and consultation with the ward sister, when cases were discussed and notes taken of any social problems needing investigation. The out-patient registrar contacted the liaison health visitor when information concerning children was required and district health visitors referred any problems that they had about children attending the out-patient department to the liaison health visitor. Liaison was also maintained with the physiotherapy department regarding problems of handicapped children.

Manchester Royal Infirmary—diabetic clinic

The very satisfactory liaison, established over nearly ten years, was continued with the seconded health visitor attending the weekly out-patient clinic together with the consultant and his staff. Ninety home visits were made including several evening visits to patients who were working during the day. On these occasions practical advice was given on such matters as diet and the self administration of insulin, and there was also opportunity to discuss with patients any social or financial problems arising as a result of their illness.

Chest clinics

A liaison health visitor attended three times per week at the Denmark Road Chest Clinic and twice a week at Baguley Hospital, thereby ensuring the maintenance of close co-operation between consultant physicians and the health visitors responsible for patients in their homes and for undertaking the essential task of contact tracing. Sometimes it was necessary in urgent cases for the liaison health visitor herself to undertake home visits. Ninety-two such cases were referred from the Denmark Road Clinic and ten babies had Heaf tests carried out at home when the parents would not, or could not, attend the clinic. At both Baguley and Monsall Hospitals the liaison health visitor interviewed many patients and information was obtained concerning contacts. In relation to immigrants the language barrier was often a problem and the health visitors have been most grateful on many occasions for the able assistance given by voluntary interpreters.

Crumpsall Hospital—maternity unit

The liaison health visitor attended the hospital once a week for discussions with the medical social worker concerning the social background and home conditions of patients. Close liaison was maintained with the sister-in-charge and with the superintendent midwife and in appropriate cases relevant information was referred to the district health visitor responsible. The liaison health visitor was able to reassure mothers, particularly of first babies, that they would be visited as soon as possible after discharge from hospital and that advice would be readily available to them.

The premature baby unit was kept regularly under surveillance by the liaison health visitor and mothers failing to keep appointments at this unit were referred to the district health visitor.

Crumpsall Hospital—geriatric department

This year liaison was established with the geriatric department of Crumpsall Hospital. A weekly visit was made by the liaison health visitor, and also by a member of the staff of the Welfare Services Department, to discuss geriatric problems with the medical and nursing staff and with the medical social worker.

Approximately thirty cases were referred each week for follow-up by district health visitors, and these included patients recently discharged from hospital and those who had received a domiciliary visit from the consultant geriatrician. Often reports were provided by health visitors concerning the progress of patients on the waiting-list for admission to hospital.

Withington Hospital—maternity unit

Visits were made twice a week to the three post-natal wards. This gave the liaison health visitor an opportunity to see mothers before discharge and to assure them that they would be visited at home and given help and advice by their district health visitor. Whenever possible group discussions were held and many inexperienced mothers appeared to benefit from the opportunity to discuss their worries and problems with the health visitor.

Ward sisters and medical social workers willingly provided any information necessary to achieve a really effective follow-up of mothers and babies. A health visitor attended the premature baby follow-up clinic held once a fortnight at the hospital and was available to advise on any social problems.

Pendlebury Children's Hospital—Gartside Street Clinic

At the request of the consultant paediatrician a liaison health visitor was appointed to this clinic, where at least one-third of the number of children seen are Manchester residents. The health visitor attended at the out-patient clinic one morning each week to provide information on social conditions of patients and to refer relevant information to the appropriate district health visitors.

St. Luke's Clinic—venereal diseases

A health visitor who undertakes the duties of social worker and contact tracer is seconded full-time to St. Luke's Clinic. An account of her work is included in the section of this report dealing with venereal diseases.

Hospital student nurses

The training of student nurses included lectures and observation visits to provide an insight into the work of the Health Department and to foster understanding between hospitals and the domiciliary services, which must ultimately be of benefit to the patient.

Liaison with voluntary organizations

A health visitor is in an ideal position to appreciate the value of voluntary effort. In addition to the existing voluntary services provided under the auspices of the Manchester and Salford Council of Social Service, the Lord Mayor launched a scheme of youth and community service, which gave impetus to the growth and interest in voluntary work in the City.

The well established liaison with the major voluntary organizations was strengthened by the establishment, through the Council of Social Service, of a volunteer bureau which has done much to co-ordinate the services available.

Liaison with general practitioners

An increasing number of general practitioners now recognize that the health visitor can assist them by supporting their clinical work and by relieving them of many of the social problems that confront their patients. Although the amount of direct liaison is limited, co-operation between groups of health visitors and general practitioners in the City is on the whole very good.

A further two general practitioners requested a direct liaison service with health visitors. While it was not possible to provide the full-time assistance of a health visitor to their practice a health visitor was made available to attend their weekly child welfare clinic and to act as a link between these practitioners and the other health visitors in the area. By the end of the year there were 32 doctors receiving direct liaison from 16 health visitors. In the main health visitors work with one or two doctors but in a group practice of seven doctors a health visitor attends each morning.

Co-operation with the School Health Service

The infant record of every child reaching school age and known to be suffering from a medical defect or to have an unsatisfactory family history, or unsatisfactory home conditions, was sent to the school health service after the final visit of the health visitor.

A total of 578 such records were forwarded, classified as follows:—

Unsatisfactory condition in child	.. .. .	341
Unsatisfactory history in family	.. .. .	14
History of tuberculosis in child	.. .. .	219
History of tuberculosis in family	.. .. .	4
		<hr/>
		578
		<hr/>

Children with physical or mental defects	1965	1964
Total number of defective children 0-5 years on the register at 31st December	1,028	1,050
Born during year	124	163
Died during year	72	98
Recovered during year	43	45
Removed from City during year	150	105

There were 278 children between the ages of 2 and 5 years referred to the school health service, in accordance with section 34 of the Education Act, 1944.

Notification of congenital malformations apparent at birth

At the end of 1965 the total number of malformations present at birth was 186, of which 138 were live births and 48 stillbirths. Notification of these congenital malformations was made to the Ministry of Health, and uniformity of terminology was ensured by using the Ministry's classification.

"At Risk" register

The total number of children on this register at the end of the year was 1,475. The register contains the names of those children who are thought to be potentially at risk of developing handicaps not apparent at birth. The possibility of such development is deduced from the child's experiences in the ante-natal, and post-natal periods.

Notification of births, 1965

The total number of notifications adjusted by transfer was 12,889, comprising 12,624 live births and 265 still births.

Total registered births numbered 12,775 (12,517 live births and 258 stillbirths).

Care of aged and infirm persons

There were 708 new patients referred to the department and 13,330 visits made by the health visitors, compared with 905 and 15,412 respectively in 1964.

The following statistics include comparable data from 1964:—

	1965	1964
Voluntary admissions to hospital	275	288
Admitted to nursing homes	17	26
Transferred to:—		
Welfare Services Department	103	116
Other services	7	4
Died at home	200	189
Removed to care of relatives	19	17
Compulsory removal under the National Assistance Acts	—	—
No further action necessary	32	33
No trace	23	16
Removed outside Manchester Area ..	27	37
Carried forward	1,975	1,970
Total cases dealt with	2,678	2,696
Total visits	13,330	15,412

While the total number of visits made to aged and infirm persons decreased the actual number of cases dealt with was virtually unchanged. Regrettably, and inevitably, there was a marked reduction in the number of visits made by clinic nurses, compared with last year, due to their increased commitments at clinic sessions. This is disturbing since it means that there was less supervision of the aged and infirm. Nevertheless, for the third successive year no elderly





persons were compulsorily removed from their homes under the National Assistance Acts. This action was, however, only avoided by providing a great deal of support from the various domiciliary services.

Training course for health visitors

The training course which ended on 2nd July, 1965, was the second to be held in York House, an annexe to the College of Commerce, and the last to be held under Royal Society of Health regulations. The Royal Society of Health was the authority responsible for drawing up the training syllabus and had been the sole examining body since 1925. From September 1965, all training courses for health visitors required approval from the Health Visitor Training Council and the Manchester training course was approved for a period of two years in the first instance.

Of forty-two students trained in 1964-65, forty passed the examination at the first attempt and one at the second attempt. Forty-five students enrolled for the training course which began in September 1965; 13 of these were sponsored by Manchester Corporation and one seconded for training from the Corporation's Home Nursing Service. Three of the forty-five students who enrolled in September had left the course by December, 1965, due to sickness; one of these was a Manchester sponsored student.

The theoretical content of the new syllabus of training is arranged in five sections namely:—

- (i) Development of the individual,
- (ii) The individual in the group,
- (iii) Development of social policy,
- (iv) Social aspects of health and disease,
- (v) Principles and practice of health visiting.

Sociologists undertake the lecturing involved in sections (i) and (iii); these subjects did not form part of the Royal Society of Health syllabus of training.

The qualifying examination will be an internal one arranged by the College of Commerce in accordance with rules of the Health Visitor Training Council. Students will be required to satisfy the examiners in three written papers dealing with section (i), section (ii) and sections (iii) and (iv) combined. Students may be referred for re-examination in not more than two papers. Section (v) of the syllabus will be included as part of the oral examination; there will be no referral for re-examination in this part.

The theoretical content of the new syllabus and the study methods involved are suitable only for students of good academic ability, and candidates possessing at least 5 subjects in G.C.E. "O" level, or equivalent, are preferred. Most students at the training school are sponsored by local health authorities whose sponsorship schemes are geared to their needs for health visitors; it was difficult to find a sufficient number of candidates possessing the required educational qualifications and places had to be allotted to candidates with lower educational qualifications.

Arranging the practical work training to comply with the requirements of the Health Visitor Training Council was a major problem with a class of forty-five students. The Health Department provided six of the fifteen health visitors required to act as field work instructors with the remainder being made available from Cheshire, Lancashire, Salford and Stockport. The field work instructor must arrange the practical work training for each of up to the three students allocated to her and must provide instruction in the principles and practice of health visiting. Field work instruction is especially important now that the classroom syllabus has become more academic.

The work involved in the preparation of the new syllabus and in arranging the practical work training took up a great deal of the principal tutor's time between January and September, 1965. A third tutor was appointed in August, 1965, and the ratio of tutors to students is now 1 to 15 as recommended by the Health Visitor Training Council.

Care of Mothers and Young Children

Welfare centres

The construction of the new Abbey Hey centre was completed, the accom-
modation including maternity and child welfare clinics, a district nurses' suite and a dental unit.

Clinics

Weekly clinics were held in the centres as follows:—

Infants	75
Toddlers	28
Ante-natal	33

Except for 17 children's and 6 ante-natal sessions taken by health visitors and midwives respectively, medical officers attended all clinics.

Physiotherapy

A part-time physiotherapist continued to supervise one relaxation class per week; in addition 20 weekly relaxation classes were supervised by midwives. Children attending child welfare centres, and considered likely to benefit from physiotherapy, were given remedial exercises and massage by staff of the School Health Service, in some cases at maternity and child welfare centres and in others at school clinics. Artificial sunlight treatment continued to be provided at school clinics.

Domestic science classes

Sewing and cookery classes under the guidance of trained teachers were continued at the various child welfare centres. The numbers of weekly sewing classes and cookery classes was twenty-one and seven respectively. Three sewing and three cookery teachers were employed on a part-time basis.

Attendances

Attendances during 1965, with comparable figures for 1964, are given below:—

	1965	1964
Infant and toddler sessions		
Under 1 year	90,361	95,570
1-2 years	34,759	30,273
2-3 years		
3-4 years		
4-5 years		
Totals	125,120	125,843
Ante-natal sessions		
New cases	5,316	6,248
All cases	7,005	7,990
Attendances	33,536	40,141
Post-natal sessions		
Cases	18	20
Attendances	18	20
Relaxation and mothercraft classes		
Attendances	2,833	3,437
Physiotherapy		
Attendances	815	1,578
Artificial sunlight		
New cases (children)	26	33
All cases	48	70
All treatments	363	613

Attendances for physiotherapy and artificial sunlight continued to decline. Most physiotherapy sessions and all sunlight treatment is provided in school health clinics and mothers may be reluctant to attend at premises other than a child welfare centre for these treatments. The continued clearance of unfit houses in the City may also be a contributory factor in reducing the need for artificial sunlight treatment.

There was a fall in the number of patients attending the ante-natal clinics, with a corresponding reduction in the number attending relaxation and mothercraft classes. This was thought to be due at least in part to fewer domiciliary confinements being booked in consequence of a lower birth rate and the availability in the latter part of the year of additional hospital beds.

Children attending child welfare centres

Centre	On register 1st January, 1965			New attenders during 1965		
	Under	1	2-5	Under	1	2-5
	1 year	1 year	2-5 years	1 year	1 year	2-5 years
Abbey Hey	322	226	229	436	70	69
Ancoats	152	103	48	236	18	19
Ardwick	142	130	135	201	42	89
Baguley	213	143	222	212	28	81
Burnage	190	158	222	209	9	34
Charlestown	226	179	181	289	50	93
Cheetham	381	210	137	529	72	139
Chorlton-on-Medlock	119	94	123	86	25	31
Chorlton-cum-Hardy	532	321	269	554	32	56
Clayton	148	149	175	229	33	67
Collyhurst	211	147	165	295	33	58
Crumpsall	254	147	181	236	6	12
Darbishire House	319	233	121	494	22	20
Didsbury	301	225	367	293	33	72
Gorton	363	202	191	492	61	102
Harpurhey	391	273	309	491	27	26
Holy Name	43	20	33	41	8	20
Hulme	112	74	62	65	18	46
Levenshulme	409	336	491	545	86	177
Moss Side	617	374	345	793	121	239
Newton Heath	271	160	142	338	40	60
Northenden	162	118	165	169	13	36
Northern Moor	124	80	129	155	18	51
Openshaw	393	212	192	466	62	129
Plant Hill	451	192	277	228	8	36
Wilbraham	199	145	157	252	31	51
Withington	308	259	354	411	39	74
Woodhouse Park	402	254	239	518	49	109
Totals 1965	7,755	5,164	5,661	9,263	1,054	1,996
Totals 1964	8,175	5,305	6,106	9,409	824	1,356

Minor ailments

Of the 21 children under five years of age referred by centre medical officers to the school medical service for the teatment of minor ailments, 11 suffered from squint and 10 from other ailments. Children failing or ceasing to attend before the completion of treatment were followed up by health visitors.

Welfare foods

The issue of national welfare foods from maternity and child welfare centres is independant of regular attendance at these centres. In addition to the 28 maternity and child welfare centres there are two other national welfare food distribution centres, one situated in a maternity hospital and the other in the Town Hall extension.

Mothers attending the child welfare centres regularly were, however, on the recommendation of the centre medical officer, able to purchase certain proprietary brands of food, while in necessitous cases milk foods were supplied free of charge; the cost to the Corporation of free issues in 1965 was £777.

Issues of national welfare foods were as follows:—

<i>Period</i>	<i>National dried milk—tins</i>	<i>Cod liver oil —bottles</i>	<i>A. & D. vitamin tablets— packets</i>	<i>Orange juice —bottles</i>
1960	174,729	41,171	36,852	296,089
1961	148,629	28,508	25,156	183,808
1962	135,200	15,234	12,962	107,074
1963	121,458	13,958	11,448	110,936
1964	110,365	12,569	9,660	102,563
1965	84,835	9,144	7,211	90,822

Figures do not include issues to hospitals, day nurseries or non-maintained nursery schools.

Voluntary workers

Much appreciated voluntary assistance at maternity and child welfare centres was given by 16 ladies who made 363 attendances.

Mothers' clubs

Of the three mothers' clubs in the south of the City that at Baguley is organized by the W.V.S. All clubs are active and enjoyed a varied social and educational programme while also enabling young mothers to mix and make friends easily. The Chorlton-on-Medlock club was closed in July, the rehousing of people from demolition areas had caused the membership to fall steadily.

Health visitors, frequently invited by women's organizations to talk on the various aspects of their work, welcomed the opportunity to explain the local authority health services. Lively discussions invariably followed.

Day nurseries

An important feature of the year was the opening of two new purpose-built nurseries. The first, at Sale Road, was opened in October on a site adjacent to the old temporary prefabricated building. The second, in Alexandra Park, opened in December replaced a temporary prefabricated nursery. Earlier in the year the nearby Broadfield Road nursery was closed and the children transferred either to the Alexandra Park or to the Rutland Street nurseries. Staff and children are enjoying the modern nurseries with their excellent amenities.

There were 22 day nurseries (1,064 places) administered by the Health Committee at the end of the year.

Attendances were as follows:—

<i>0-1 year</i>	<i>2-5 years</i>	<i>Total attendances (253 days)</i>	<i>Average daily attendance</i>
64,271 (67,954)	147,940 (154,274)	212,211 (222,228)	839 (875)
(1964 figures in parenthesis)			

The average daily attendance fell this year, a result of the reduction of day nursery places by 52. The rate of attendance (estimated from ratio of actual average attendance to possible average attendance) increased from 77 per cent. in 1964 to 80 per cent. in 1965. "Priority" children were generally admitted soon after application and at the end of the year only four nurseries had waiting lists—all for "non-priority" children.

Medical officers made routine visits to carry out medical inspections and immunization programmes. The incidence of infectious diseases in day nurseries in the year is shown in the following table:—

	1965	1964
Measles	206	397
Whooping cough	11	13
Scarlet fever	2	2
Mumps	32	63
Chickenpox	114	63
German measles	139	37
Sonne dysentery	17	22

Of the thirty-nine handicapped children who attended for varying periods 18 were mentally retarded cases and there were also seven spastic and three epileptic children, two congenital heart cases, one totally and two partially-deaf children, one mongol, two autistic and three partially-sighted children.

A large proportion of these children made good progress in the nurseries, essentially due to the patience and co-operation of the staff concerned. Even when there was only slight progress in the child the obvious support provided for the parent was most valuable.

The number of children admitted for social reasons increased mainly due to the good liaison existing between the day nursery service and Children's Department, health visitors, N.S.P.C.C., hospital almoners and the Family Service Unit.

Fourteen students successfully completed the two year training course for the Nursery Nurses Examination Board Certificate. Short courses, refresher courses and study days were well attended in Manchester, Birmingham and London, and were much appreciated by the staff concerned.

Visitors to day nurseries on observation and educational visits increased from 273 in 1964 to 509 in 1965. Overseas visitors appeared particularly impressed with the standard of service provided.

Vandalism remains an acute problem. Nurseries were broken into on no less than 71 occasions and the staff often arrived in a morning to find the nursery in chaos.

Care of the unmarried mother

There were 1,539 illegitimate live births compared with 1,776 in 1964. Of the live births the department dealt with 538. The infant mortality rate for illegitimate children was 32.09 per thousand related live births compared with 29.28 in 1964.

The welfare officer and her staff continued to give these mothers assistance with their many and varied problems. There were 659 new cases referred to the department, an increase of 75 on the previous year.

Referrals came from a variety of sources:—

Health visitors	242
General practitioners	110
Medical social workers	99
Self-referred	71
Social workers	66
Maternity and child welfare centre staff	23
Children's Department	21
Midwifery section	15
Matron of Crossley Hospital	7
Other sources	5
Total	659

In all 378 expectant mothers were assisted compared with 288 in 1964, while 617 mothers and 773 illegitimate children were helped compared with 611 mothers and 691 illegitimate children respectively in 1964. Seventy-five of the 378 expectant mothers were pregnant when they came to reside in the City.

Girls who become pregnant under the age of 16 years always give rise to particular concern. The number known to the department in 1965 was 29 compared with 35 in the previous year. Seventeen girls were 15 years of age, 11 were aged 14 years, and one was aged 12 years and 9 months when they became pregnant.

The work of the section entailed the following number of visits and office interviews:—

Office interviews	842
Home visits	680
Visits to hospital	92
Visits to Knowle House	106
Interviews with health visitors and other social workers	250
Total	1,970

The classification of persons dealt with in the ante-natal period and the results of their confinements are as follows:—

<i>Status of mother</i>	<i>Live births</i>	<i>Births pending</i>	<i>Still-births</i>	<i>Miscarriage</i>	<i>Parents married before birth of baby</i>	<i>Removals</i>	<i>Totals</i>
Single	217	86	2	1	4	28	338
Married	21	7	—	1	—	4	33
Widow	—	—	—	1	—	—	1
Divorcee	5	1	—	—	—	—	6
Totals	243	94	2	3	4	32	378

The classification of illegitimate children remaining with their mothers is as follows:—

<i>Status of mother</i>	<i>In lodgings or absorbed into family</i>	<i>With mother and putative father</i>	<i>With mother and step-father</i>	<i>With mother and another man</i>	<i>With mother in Knowle House</i>	<i>Parents subsequently married</i>	<i>Removal from Manchester address unknown</i>	<i>No trace</i>	<i>Deaths</i>	<i>Totals</i>
Single	407	77	5	5	5	20	27	18	5	569
Married	28	10	5	—	1	—	3	2	—	49
Widow	2	—	—	—	—	—	—	—	—	2
Divorcee	8	—	—	—	—	—	—	1	—	9
Totals	445	87	10	5	6	20	30	21	5	629

The classification of illegitimate children apart from their mothers is as follows:—

Status of mother						With adopters	In the care of the Children's Committee	In residential nurseries (private)	With putative fathers	With relatives	With foster mothers	Totals
Single	..	..	..	..	..	87	12	6	5	5	11	126
Married	..	..	..	..	..	10	1	—	—	1	—	12
Widow	..	..	..	..	..	1	—	—	—	—	—	1
Divorcee	..	..	..	..	..	4	—	—	—	—	1	5
Totals	..	..	..	..	..	102	13	6	5	6	12	144

Apart from office interviews and home and hospital visits the work of the section involved accompanying expectant mothers and mothers with babies to the hostel. There were consultations with general practitioners, health visitors and other social workers while student health visitors and other social students were instructed in the work of the section. Other work included the examination of health visitors' reports, adoption enquiries and miscellaneous correspondence. The National Council for the Unmarried Mother and her Child were given details of the type of help available in Manchester for the unmarried mother and her child to assist the council to prepare a national survey.

The action taken by the staff to assist these mothers involved various types of help and advice. Expectant mothers frequently required assistance to book a hospital bed for confinement, and 65 girls were helped in this way. Others needed help in obtaining accommodation in mother and baby homes, both in the ante-natal and post-natal period. Assistance in adoption arrangements was given, 65 mothers being referred to the adoption section of the Children's Department, 30 mothers to the Catholic Rescue Society, 27 mothers to the Ashton-under-Lyne Adoption Society and 15 mothers to the Manchester and District Adoption Society.

Mothers who kept their babies often required financial aid and 31 were referred to the National Assistance Board. Seventy-five mothers were given advice in connection with affiliation orders and of these 23 were referred to solicitors and 14 to the National Assistance Board. Fifty-six mothers were given prams, cots or clothing. Accommodation was found for 15 mothers in lodgings or furnished rooms. A place in a day nursery for a child whose mother must go out to work was frequently arranged.

The assistance of voluntary societies was frequently required and 15 girls were referred to the Catholic Moral Welfare Council, 17 girls to the Diocesan Council for Moral Welfare, 4 girls to the Manchester and Salford Methodist Mission and 3 girls to Dr. Barnardo's Society.

Mother and baby home, "Knowle House," Handforth

This home, provided by the Health Committee, has accommodation for 16 mothers with babies and for six expectant mothers. Requests for admission to the home came from medical practitioners, health visitors, probation officers and other social workers. Most admissions were unmarried mothers who were either unwilling or unable to return to their homes or flats. Accommodation was also provided for married mothers in need of a period of recuperation away from their families. The Matron and her staff gave the mothers instruction on child care and practical housecraft. The welfare officer arranged the admission of mothers and babies and accompanied them from hospital to Knowle House.

There were 129 cases admitted, including expectant mothers, mothers with babies and recuperative mothers. More expectant mothers were admitted than in any previous year. The number of recuperative mothers admitted was the highest since 1960.

Admissions and discharges were as follows:—

		<i>Number in the home on 1st January 1965</i>	<i>Admissions (including re- admissions)</i>	<i>Discharges</i>	<i>Number in the home on 31st Decem- ber 1965</i>
Babies	.. ..	8	95	97	6
Mothers	.. ..	8	83	85	6
Expectant mothers	..	1	82	78	5
Recuperating mothers		—	13	13	—

The following particulars show the arrangements made for the 97 babies discharged:—

Babies remaining with mothers:—

to relations	.. ..	13
to lodgings	.. ..	11
to residential employment	.. ..	1

Babies apart from mothers:—

to adopters	.. ..	55
to private residential nurseries	3
to foster mothers	2

<i>Babies with recuperating mothers</i>	12
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Dental care of mothers and young children

The following report is submitted by the Principal School Dental Officer G. L. Lindley, L.D.S.):—

“This service provided by the school dental service occupied the equivalent time of 1.75 dental officers. Treatment was available at nineteen centres. All cases referred by medical officers and general practitioners were given appointments and comprehensive treatment was made available for those attending subsequently.

Abbey Hey maternity and child welfare centre, with a very well equipped dental unit, was opened during the year with an excellent response from mothers. When, due to a shortage of patients, following rehousing from the area, the Rosamond Street West maternity and child welfare’s dental centre was closed, the equipment was transferred to help to modernize the Northenden school dental department. In the planned re-development of this area a new centre with a dental suite will be provided in the near future.

The pattern of the service accelerated the trend of previous years. There was a further marked decrease in the number of mothers treated, especially for extraction and the provision of dentures, and there was a substantial increase in the number treated and the amount of work provided for the “under 5’s”. It was indeed welcome to find for the first time that the number of teeth filled exceeded the number of teeth extracted. At a number of centres talks, film shows and demonstrations on dental health were given to mothers.

The following tables detail the volume of work performed.”

Persons provided with dental care

	Persons examined	Persons treated	Persons made dentally fit	Attendances for treatment
Expectant and nursing mothers	295	301	223	854
Pre-school children	1,211	1,178	840	2,509

Forms of dental treatment provided

	Scalings and gum treat- ment	Fillings	Silver nitrate treat- ment	Crowns or inlays	Extrac- tions	General anaes- thetics	Dentures		X-rays
							Full upper or lower	Partial upper or lower	
Expectant and nursing mothers	78	440	—	5	969	94	94	63	23
Pre-school children	83	1,589	108	—	1,553	689	—	—	—

Work of ancillary dental staff

Mechanical dentistry

New dentures prescribed	157
Metal cast plates	16
Crown	4
Gold inlays	1

Nurseries and Child Minders Regulation Act, 1948

Four child minders were registered during the year. Three premises were registered as day nurseries, of which one is a new prefabricated building specially erected by the Manchester branch of the “Save the Children Fund” to provide play group facilities for children aged three to five years in the Moss Side area. One woman who, after being warned, continued to day mind children without being registered was prosecuted and fined a total of £10.

	Premises registered at end of year	Daily minders registered at end of year
Number	10	16
Number of places	296	144

A notice concerning the provisions of the Nurseries and Child Minders Regulation Act, 1948, was published in local newspapers and displayed in day nurseries, child welfare centres and school clinics, but reports of illegal day minding continued to be received, especially from areas of the City with a high proportion of immigrants. Individual offenders appeared to discontinue the practice after being warned of their liability to prosecution but it is suspected that such compliance with the law is often only temporary.

Many mothers of young children continue to work because they do not wish to accept lower standards of living while others, particularly among the immigrant population, find it essential to work. In view of the strong economic and social pressures involved it is debatable whether unregistered day minding can be entirely prevented by legal measures alone.

Home Nursing

Population upheaval caused by the clearance of unfit houses and the rehousing of residents may well be one reason for the continuing reduction in the number of patients nursed. In 1964 new cases nursed fell by 443, in 1965 by 841. Changing patterns of treatment must also have an influence since some drugs previously injected by a nurse are now simply taken by mouth.

The amount of assistance required by patients over the age of 65 years did not decrease. Persons in this age group suffer a high incidence of chronic or acute-on-chronic illness and frequent visits are usually necessary because of the frailty that makes the aged patient so helpless, and many old people either live alone or are partnered by an equally aged and frail spouse.

Statistics—general nursing

	1965	1964
Patients on books 1st January	3,086	3,086
New cases attended	9,262	10,104
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Total cases nursed	12,348	13,190
Total nursing visits	319,188	328,288
Total visits by bath attendants	18,982	15,336
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Classification of patients and nursing visits

<i>Condition—</i>	1 9 6 5		1 9 6 4	
	<i>Patients</i>	<i>Visits</i>	<i>Patients</i>	<i>Visits</i>
Medical	10,126	269,034	10,737	273,526
Surgical	1,569	40,583	1,614	42,974
Infectious disease	180	2,282	218	2,991
Tuberculosis	83	3,986	84	3,847
Maternal complications	390	3,303	537	4,950
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Totals ..	12,348	319,188	13,190	328,288
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Classification of new cases

<i>Diagnosis</i>	1965	1964
Infectious and notifiable disease—		
Primary pneumonia	44	49
Broncho-pneumonia	58	75
Tuberculosis	62	63
Other notifiable disease	74	90
Diabetes	134	151
Anaemia	712	736
Bronchitis and other respiratory disease	500	638
Heart disease	1,246	1,408
Cancer	606	595
Disease of the nervous system	208	215
Complications of pregnancy and following childbirth	353	525
Other medical cases	3,363	3,656
Post-operative	584	569
Varicose ulcers	142	149
Other surgical cases	616	669
Aged and infirm	560	516
<hr/>		
Totals.. .. .	9,262	10,104
<hr/>		

<i>Age groups</i>	1965	1964
0— 4 years	355	361
5—14 „	244	301
15—64 „	4,561	5,073
65—74 „	1,754	1,943
75 and over	2,258	2,426
<hr/>		
Totals	9,262	10,104
<hr/>		

Typical cases

A nurse was asked to attend a young mentally retarded mother, aged 24 years, who was suffering from measles. Together with her husband the family were lodgers in the house of the maternal grandmother who declined to attend to her daughter's needs or to care for the four young grand-children, aged from 6 weeks to 4 years. The husband would not stay away from work to look after

his family. Two of the grand-children were also mentally retarded and under the supervision of a mental welfare officer but the three year old girl had already started to attend a junior training centre. The house was very dirty and untidy and the two youngest infants appeared to be neglected, small and under-nourished. Eventually, all the children developed measles and two of them had to be admitted to hospital.

The nurse visited twice daily to attend to the nursing needs of the mother and her two remaining children and at one time the additional assistance of a health visitor was welcomed. A home help also attended for a few days and made a vast, if only temporary, improvement in the condition of the home. Unfortunately, the husband refused to accept long-term assistance from the home help.

This mother and her children could not have been nursed at home without the loan of essential nursing equipment. As need arose, the nurse produced children's used clothing, towels and bedding. However, in spite of all this help and advice there was little real improvement in the family's circumstances. The husband was feckless and because of the mother's backwardness and the associated poor home circumstances the family were referred to the Family Service Unit for long term help. It is quite remarkable that it proved possible to nurse and sustain this family at home.

An old lady of 76 years was brought under the care of the home nursing service in October with a history of cardiac failure. On the initial visit, she was very ill and confined to bed in the middle room of the terraced house that was clean, but badly lit; dark wallpaper and heavy furniture made it look foreboding, even at 11 o'clock in the morning. The husband was in his late 70's and since there were no children in the family a distant cousin visited regularly while the next door neighbour helped out occasionally.

This bedfast patient complained of constant chest pains and was visited twice daily being given full general nursing care and treatment. She was fed by her husband who insisted he do this.

After careful nursing and treatment prescribed by her doctor she began to recover and in several weeks regained her health and her improvement was maintained by appropriate drug therapy. The patient, on a light diet, was able to feed herself and it was hoped that after the winter she would be completely ambulant again.

After some time, the husband's health began to worry both doctor and nurses; he became more and more unco-operative and withdrawn. He refused the assistance of a home help and rejected all other offers of help. It became impossible for him to walk without falling though he persisted in refusing assistance of any kind and would not allow the nurse to have a key to the house. Inevitably, one morning, when the doctor and nurse happened to arrive together at the house they were unable to obtain an answer. The police managed to gain access to the house where the old man was lying on the floor, unable to move with his wife physically incapable of helping him. Promptly both patients were made comfortable in bed and a home help arrived to prepare their food and organize the domestic situation.

At the family doctor's request, the geriatrician visited next day and both old people were admitted to hospital.

Staff

At 31st December, 122 nursing staff were employed on general nursing duties, 91 whole-time and 31 part-time, an equivalent whole-time strength of 105.5 nurses classified as follows:—

	1965	1964
Queen's superintendent	1	1
Queen's deputy superintendent and tutor ..	1	1
Queen's area superintendents	3	3
Queen's assistant superintendents	2	2
Queen's sisters	65	69
Queen's male nurses	7	8
Student district nurses	3	5
State registered nurses	19	21
State enrolled nurses	21	9
	<hr/> 122	<hr/> 119

Eleven bath attendants were also employed.

The number of state enrolled nurses more than doubled during the year, compared with a reduction in other categories of staff, and it is difficult to see how the service could have been maintained without the former's contribution. There was an increase in the number of married nurses working part-time, 31 in 1965 compared with 22 in previous year.

There was a most disturbing turnover of staff with 47 appointments and 44 resignations, many of the latter being married women leaving for family reasons. With so many staff changes it is difficult to maintain continuity in nursing care.

Training

The state registered nurse who undertakes a period of theoretical and practical instruction in district nursing learns to adapt hospital methods to the very different conditions of the patient's home. She learns to take account of the patient's family relationships, the economic circumstances and the other social needs of the household she visits. She also becomes aware of the various statutory and voluntary services that are available.

Three courses of district nursing for trained nurses were held. Of the 23 nurses who attended, 20 were Manchester students, 2 were sponsored by other local authorities and one was sponsored by the Queen's Institute. All twenty-three students who sat the examination for entry to the Queen's Roll were successful; two students were awarded distinctions.

The three weeks block lecture courses were attended by 25 students from 6 other local authorities, viz. Blackburn, Bolton, Bury, Rochdale, Salford, and Stockport. One of the Manchester students, of Polish nationality and a senior public health nurse in her own country, was sponsored by the Queen's Institute. She was keenly interested in district nursing in Manchester and was very well received by her patients. She was successful in the examination conducted by the Queen's Institute and after attending a further course at the William Rathbone College, Liverpool, she returned home to Poland to assist in the planning of a home nursing service.

Manchester students were accepted for the required three days rural experience by the following authorities, West Riding of Yorkshire, Shropshire, Cumberland and Westmorland. A one-day release course of instruction for state enrolled nurses, extending over 10 weeks, was again held at the Harpurhey centre. The course was also attended by three nurses from other local authorities, namely Bolton, Bury and Rochdale. Nine nurses were successful in the assessment conducted by the Queen's Institute.

An integrated nurse training course in hospital and community nursing is jointly conducted by the University of Manchester and by Crumpsall Hospital. Students are received by the Health Department for varying periods throughout the four years course to complete the section of the syllabus dealing with district nurse training. They are introduced to the principles and practice of nursing of the patient, both in hospital and at home, and gain practical home nursing experience and an insight into the needs of sick persons in the community. The area superintendents and nursing sisters willingly accepted the extra work that the practical training of students involved; without their enthusiasm and co-operation no training would be possible.

The Superintendent, one assistant superintendent, 10 nursing sisters and male nurses attended refresher courses arranged by the Queen's Institute. In addition two nursing sisters attended a course organized by the Royal College of Nursing. The Matron of the Manchester Skin Hospital kindly arranged for four enrolled nurses to spend a week on the wards, to attend lectures by consultants and to participate in subsequent discussions. Lectures to student nurses and pupil nurses in all the training hospitals were given by the tutor and senior nursing sisters. Lectures and talks were also given to various groups and organizations by superintendents and nursing sisters.

Transport

Fifty home nurses now use their own cars for their professional work and five nurses made use of the Corporation assisted car purchase scheme. Transport provided by the Corporation consisted of 6 cars, 6 mini-vans and 29 cycles.

Ophthalmic nursing

A staff of three ophthalmic sisters working under the direction of the consultants at the Royal Eye Hospital or of other medical practitioners was maintained. In addition to their nursing duties, the ophthalmic sisters gave practical instruction and lectures to district nurse students and also to foreign students visiting the department. The ophthalmic sisters at various times attended refresher courses at the William Rathbone College, Liverpool.

Statistics—ophthalmic nursing

	1965	1964
Patients on books 1st January	233	261
New cases attended.. .. .	969	896
Total cases nursed	1,202	1,157
Total nursing visits	7,367	7,340

There were 954 cases discharged cured and at the end of the year 248 patients were receiving treatment. New cases were referred by health visitors (755), midwives (174), general practitioners (28). child welfare centres (6) and hospitals (6). Five cases of gonococcal ophthalmia were reported compared with three in 1964. A total of 116 patients attended the Royal Eye Hospital, 11 as in-patients and 105 as out-patients.

The most numerous new conditions encountered were again lachrymal obstructions (504), of which 105 required surgical treatment at the Royal Eye Hospital, and conjunctivitis (285). Two babies were admitted to the Blind Register, one being admitted to the Sunshine Home, Southport. The elder sister of this baby was, nine years previously admitted to the same home with the same congenital visual defects.

Home Help Service

The establishment of home helps remained at 151 full-time employees working a 42-hour week and 300 part-time employees working a 22-hour week.

Recruitment

It is becoming increasingly difficult to find the right type of woman for this work and resignations by both whole-time and part-time home helps have increased, not infrequently due to re-housing outside the City. Sixty-nine whole-time and 114 part-time home helps were recruited and 57 whole-time and 127 part-time home helps resigned.

Training and work

Applications for the services of home helps continued to increase and every request was carefully but sympathetically scrutinised to prove a genuine need and eliminate abuse of the service. In this way it was possible to provide urgent assistance without delay, and to maintain the long-term assistance to cases of chronic sickness, old age and infirmity. Unfortunately, it was rarely possible to provide assistance for the optimum period of time, due to the continuing heavy demands on this service.

The Organizer and her assistants made 7,697 visits to applicants for help, to homes where help was being provided and to the homes of prospective home helps. This supervisory work is necessary both to assess the degree of continuing need and to observe the actual work of the home helps.

Each home help attended, on average, between three and four households each week, and the number of households assisted is detailed in the following table:—

	<i>No. of households</i>
Persons under 65 years:—	
Chronic sickness and tuberculosis	285
Maternity, including expectant mothers ..	226
Mentally disordered	12
Acutely sick	190
Persons 65 years and over	2,595
Total	<hr/> 3,308 <hr/>

The provision of help for seriously ill people during the night was arranged on 64 occasions for a total of 128 nights. In certain cases a home help was not required to remain all night with the sick person but was able, because living nearby, to attend to the comfort of the patient at a late hour and to return early in the morning to light the fire, prepare a meal and ensure that the patient was not lacking any essential needs. As in previous years a number of home helps have been prepared to go anywhere in the City at both weekends and during holidays to care for anyone needing help either during the day or the night. This, together with the many kindly unofficial acts performed by home helps, gives some indication of the dedicated manner in which these women carry out their work.

Short in-service training courses were continued and all home helps found the lectures on nutrition, invalid cookery, family budgeting, first-aid, home nursing and the care of bedfast patients of interest and of practical value. Since home helps often have to assist in the care of the seriously ill prior to hospitalization this type of instruction and guidance must be an essential part of their training.

Each assistant organizer arranged several group discussions with home helps in her area, and these were also attended by the Administrative Medical Officer (Nursing Services) and the Organizer. Since June, each month a male and a female police cadet were attached to the section to work as home helps as part of their training. All fourteen cadets were very well received by both patients and by the home helps.

The extent of the liaison with other sections of the Health Department, Welfare Services Department, family doctors, medico-social workers and voluntary organizations throughout the City is enumerated in the following table:—

<i>Sources of new applications</i>	<i>Cases of acute sickness, old age and infirmity</i>	<i>Confinement cases</i>
Personal	381	172
Health visitors and maternity and child welfare centres	297	183
Medico-social workers	422	1
Medical practitioners	632	7
Welfare Services Department	165	—
Home nursing service	94	—
National Assistance Board	85	—
Members of City Council	11	—
Manchester and Salford Council of Social Service	33	—
Mental Health Services Division	5	—
Children's Department	5	—
	<hr/> 2,130 <hr/>	<hr/> 363 <hr/>

The following table analyses the types of new cases attended in 1965:—

	<i>No. of cases</i>
Malignant neoplasm	74
Blindness or other physical handicap	61
Disease of the circulatory system	321
Disease of the respiratory system (other than tuberculosis)	117
Vascular disease of the central nervous system	48
Post-operative disorder	132
Pulmonary tuberculosis	4
Rheumatism	131
Other illness	280
Old age and infirmity	265
Confinement	226
	<hr/> 1,659 <hr/>

Typical cases

A health visitor urgently requested a home help for an old lady, aged 78, who was a recluse and had been injured in a fall. The old lady lived in most squalid conditions and at first refused to go to hospital. A night sitter and a home help were provided for the few days prior to the inevitable admission to hospital. The patient made a good recovery and five months later was ready to return home. She refused the offer of a new flat so her home was, with her permission, cleared of rubbish by the combined efforts of health visitor, home help, public health inspector, the Cleansing Department and a medico-social worker. Eventually, one particular home help, by visiting regularly for a few minutes each day, gained the confidence of this eccentric old person and was eventually permitted to maintain a good standard of personal and domestic cleanliness and to assist with the housekeeping.

A widow, aged 38 years, with four children aged between 13 and 9 years was provided with the services of a home help prior to admission to hospital in the terminal stages of carcinoma of the uterine cervix. A few days before her death she begged to be allowed to go home to be with her children as she felt sure she would be better there. Consequently, a home help prepared the house for the home coming and the children returned from the care of a foster mother. A home nurse and a home help attended every day. On the night of her death this patient was cared for by the home nurse and a night sitter. The children continued to be cared for by the home help until they were able to be placed in the care of the Children's Department.

Staff employed at the end of the year:—

	<i>No.</i>	<i>Whole-time equivalent</i>
Organizer	1	1
Assistant organizers	4	4
Home helps (full-time)	149	149
Home helps (part-time)	280	147

Midwifery

The establishment provides for 79 midwives but at the end of the year there were 69 full-time and 6 part-time midwives in post. There were in addition 5 midwives employed on an agency basis by the St. Mary's Hospital Extern Service.

There was a decrease of home confinements by 791. The previous year's increase of patients discharged early from hospital was maintained, a total of 4,974 patients were so discharged, including 1,220 on or before the third day after delivery.

An increase of 755 visits were made to homes of expectant mothers booked for hospital confinement to ensure the homes were suitable for early discharge. There was good liaison with the hospitals, 191 visits being made to hospitals and nursing homes by the supervisors of midwives.

During 1965 the new Wythenshawe Maternity Hospital was completed. The intake of patients commenced in September and there are now 50 beds in use.

All hospitals continue using the early discharge system which provides for the immediate follow-up of patients by the domiciliary midwives. The following table gives comparative figures for the years 1961-1965.





Year	Number of cases and day of discharge from hospital after delivery								Totals
	1	2	3	4	5	6	7	8	
1961	57	155	239	260	384	917	869	667	3548
1962	63	315	426	387	448	830	509	801	3779
1963	43	365	514	691	597	758	564	515	4047
1964	42	422	594	854	941	1068	580	466	4967
1965	14	201	1005	748	870	1073	680	383	4974

Of the 1,220 mothers discharged on or before the third day 236 were discharged to the care of domiciliary midwives employed by the St. Mary's Hospital Extern Service and 984 to the care of municipal midwives; the latter number can be analyzed as follows:—

<i>Reason for early discharge</i>	<i>Number of patients</i>
Planned early discharge	548
Midwives emergencies (admitted for obstetrical reasons)..	198
Patients taking their own discharge against medical advice	72
Distress of mother at the death or stillbirth of the baby..	72
No reason	19
Bed shortage	75
TOTAL	984

Supervision of midwives

This statutory duty is undertaken by the Supervisor of Midwives and two assistants.

Visits were made as follows:—

To midwives in their own home	114
To ante-natal and relaxation clinics	174
Supervision of nursing and labours	456
Routine inspection of records	267
To hospitals and nursing homes	131
Investigations	20
Meetings and lectures attended	31
Visits to general practitioners	11
Emergency deliveries	1
Evening visits to ambulance depot re night rota system ..	5
Lectures given	11
Visits to other health departments	2
Pupils' examinations	3

The Supervisor of Midwives acted as an examiner to the Central Midwives Board examination on three occasions.

SALE ROAD DAY NURSERY.

Training and educational activities

The City of Manchester and St. Mary's Hospital have jointly operated a Part II training scheme since September 1940 until the 30th June, 1965, when with the introduction of an experimental training scheme a new arrangement was desirable. It is worthy of note that during these 25 years the training of 755 pupil midwives has been completed, 726 of whom had qualified as midwives. The new scheme provided an integration of Parts I and II of the midwifery training at St. Mary's Hospital and commenced late in 1964, the first pupils being accepted on the district on May 16th, some of these pupils being resident in the hospital and some in midwives' homes.

The new Wythenshawe Maternity Hospital was approved as a Part II training school, the first pupils commencing district training on September 1st; these pupils are resident at a nurses' home in the hospital grounds.

During the year Part II pupil midwives from Crumpsall Hospital continued to receive district training. Thirty-one pupils were received from St. Mary's Hospital, 25 from Crumpsall Hospital and 14 from Wythenshawe Maternity Hospital, all pupils being attached to a domiciliary midwife for a period of three months.

There are 48 domiciliary midwives approved by the Central Midwives Board to undertake the training of pupil midwives.

In addition to the 70 Part II pupils, 11 community nursing students and 10 obstetric nurse students were provided with domiciliary experience. The 11 community nurses spent one whole day each week for 12 weeks and the obstetric nurse students spent one day weekly for two weeks with a midwife. All students accompanied a midwife on her morning rounds and attended afternoon ante-natal clinics. Students from St. Mary's Hospital studying premature baby care and student health visitors accompanied the premature baby nurses on their visits.

At one maternity hospital two evening obstetric meetings were arranged with general practitioners and midwives. At another hospital meetings between domiciliary midwives and hospital staff are arranged prior to each new set of pupils commencing district training. All these meetings were appreciated by the midwives.

Eight midwives attended the compulsory post-graduate resident courses provided under Rule G.1 of the Central Midwives Board. One supervisor of midwives attended the compulsory post-graduate course and another supervisor of midwives attended a one-week resident course on administration. Six midwives attended a course of lectures by a physiotherapist on relaxation exercises. All midwives attended a film on "Examination of the Newly Born". Twelve midwives attended a one-day study course and during the year all midwives attended a consultant orthopaedic surgeon's clinic for practical demonstration on the diagnosis of congenital dislocation of the hip.

Notification of intention to practise

The sources of the 295 notifications of intention to practise were as follows:—

<i>Municipal midwives</i>	<i>Employed on an agency basis</i>	<i>Maternity homes having no resident medical officer</i>	<i>Training institutions</i>	<i>Independent midwives</i>	<i>Total</i>
86	8	28	171	2	295

Municipal midwives

Recruitment of midwives to the staff continues to be adequate and there is little doubt that the rota system of night calls with a planned off-duty period is an attraction both in recruiting and in retaining midwives in service. The requests for a midwife between the hours of 6.00 p.m. to 6.00 a.m. are handled by a central depot with midwives being available on a rota basis; 3,866 requests were received.

There were 4,866 expectant mothers who booked a midwife for home confinement and there were 868 cancellations for the following reasons:—

	<i>Number of mothers</i>
Transferred to hospital	672
Removed from Manchester	120
Miscarried	29
Not pregnant	9
Unsuitable home	37
Booked privately	1

The admissions to hospital were accounted for as follows:

	<i>Number of mothers</i>
Unclassified	158
Medical reasons	29
Rhesus negative with antibodies	18
Anaemia	27
Premature labour	39
Post-maturity	69
Multiple pregnancy	26
Pre-eclampsia	81
Intra-uterine death	13
Ante-partum haemorrhage	49
Malpresentation	120
Delay in labour	43

Equipment and analgesia

Each midwife is provided with a trilene apparatus, oxygen resuscitator, sphygmomanometer, stethoscope and, if requested, a gas and air machine. Trilene analgesia was administered to 3,028 mothers and gas and air analgesia to 96.

Ante-natal care

Twenty relaxation and mothercraft classes are held each week at the maternity and child welfare centres, talks being given by both midwives and health visitors. Two of these classes are especially held for the unmarried mothers in two residential homes within the City. Attendance at these classes is variable but it is hoped that with continued effort more expectant mothers will attend. Four general practitioners now hold ante-natal clinics in their own surgeries with a midwife assisting, while another general practitioner continues to hold a special session for his patients at a maternity and child welfare centre.

The total number of attendances at ante-natal clinics was 4,350 and 17,740 ante-natal visits were paid to patients in their own homes.

Deliveries

There were 15,113 births notified in the City, of which 4,013 were home confinements; the percentage of home confinements was 26.55. However, of the total notified births 3,071 were to mothers normally resident outside Manchester while 847 births occurred outside the City to mothers normally resident in Manchester. In all 31.14 per cent. of babies born to Manchester mothers were delivered at home.

Details of place of confinements are as follows:—

<i>Domiciliary confinements</i>				<i>Institutional confinements</i>		<i>Total</i>
<i>Municipal midwives</i>		<i>St. Mary's district</i>	<i>Others</i>	<i>Institutions</i>	<i>Maternity homes—no resident medical officer</i>	
<i>Doctor booked</i>	<i>Not booked</i>					
3,568	258	187	Nil	9,989	1,111	15,113

Home investigations

Midwives made 4,238 visits at the request of the hospital authorities to assess whether early discharge from hospital was possible or if the home was suitable for home confinement for medically fit patients.

Other visits by domiciliary midwives

Nursings	58,183
To patients discharged from hospital	19,809

Medical aid

There were 107 calls by midwives to patients who had not booked a doctor. Of these, 37 were due to emergencies during the ante-natal period.

Puerperal pyrexia

171 cases of puerperal pyrexia were notified under the Pyrexia Regulations, 1951, the rate per 1000 births being 11.3 compared with 14.4 in 1963 and 9.6 in 1964. The incidence of pyrexia was as follows:—

	<i>Municipal midwives with general practitioners</i>	<i>St. Mary's district</i>	<i>Institutions</i>	<i>Total</i>
Infection of genital tract	4	10	25	39
Extra-genital causes	—	—	8	8
Unclassified	9	21	94	124
Totals	13	31	127	171

Stillbirths

There were 329 stillbirths notified (280 in 1965) including 31 in domiciliary practice.

Emergency cases (Flying Squad)

This service, available to all doctors and midwives, is based at St. Mary's Hospital and is manned by an obstetrician, anaesthetist and senior midwife. The ambulance, provided by the local authority to transport staff and equipment, is also available if needed to transfer a patient to hospital accompanied by the obstetrician and midwife. The 134 calls for this service, 10 fewer than in the previous year, were from:—

<i>Municipal midwives</i>	<i>St. Mary's district</i>	<i>Midwives outside City boundary</i>	<i>Nursing homes in Manchester</i>	<i>Nursing homes outside Manchester</i>	<i>General practitioners</i>	<i>Total</i>
55	4	20	8	26	21	134

Maternal deaths

There were six maternal deaths giving a mortality rate of 0.47 per 1,000 Total births compared with 0.52 in 1964. Two other deaths were associated with pregnancy.

The certified causes of death were as follows:—

Case 1. Amniotic fluid embolism.

Case 2. Acute yellow atrophy of the liver.

Case 3. Septic abortion; an inquest resulted in an open verdict.

Case 4. Air embolism, syringing the uterus at her home; an inquest recorded a manslaughter verdict.

Case 5. I (a) Broncho-pneumonia.

(b) Toxaemia of pregnancy at operation (Caesarean section)

II Previous pneumonectomy

Case 6. Pulmonary embolus. Deep femoral phlebitis. Recent pregnancy.

Case 7. I (a) Congestive cardiac failure.

(b) Pulmonary oedema

II Thyrotoxicosis following operation for tubal pregnancy

Case 8. I (a) Broncho-pneumonia

(b) Chronic bronchitis and emphysema

II Toxaemia of pregnancy

There were also two deaths from maternal causes in Manchester relating to non-Manchester residents.

Premature baby service

In accordance with the Ministry of Health Circular 20/44 seven midwives specially trained in the care of premature babies were employed for the domiciliary care of these infants. The nurses continued visiting the premature baby units of the hospitals and the number of visits was increased. Nurses no longer attend the paediatric follow-up clinic at one hospital since the time of this clinic was changed from afternoon to morning.

The number of babies referred for care was 1,005 compared with 1,038 in 1964.

A summary of visits is given below:—

	1964	1965
To mothers and infants	9,311	9,417
To paediatric clinics	55	4
To hospitals	29	47
To child welfare clinics	14	15
Home investigations	139	296
To general practitioners.. .. .	29	19

Neonatal history of premature infants:—

Weight at birth	Number	Survived	Transferred to hospital
Under 3 lbs. 4 ozs.	36	36	0
3 lbs. 5 ozs.—4 lbs. 6 ozs.	131	129	6
4 lbs. 7 ozs.—4 lbs. 15 ozs.	189	186	7
5 lbs.—5 lbs. 8 ozs.	416	414	5
5 lbs. 9 ozs. and over	233	231	8
Totals	1,005	996	26

The reasons for the transfer of 26 babies to hospital were as follows:—

Respiratory disorders (6), cold injury (4), cerebral injury (4), gastro-enteritis (7), hernia (1), failure to thrive (3), abnormal baby (1),

Of 9 babies known to have died the registered causes of death were as follows:
Cerebral damage (1), congenital heart defect (3), broncho-pneumonia (5).

Weight at birth	Premature live births															Premature stillbirths	
	Born in hospital							Born at home or in a nursing home									
	Died				Died				Died				Transferred to hospital on or before 28th day				
	Total births				Total births				Total births				Total births				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)			
1. 2 lb. 3 oz. or less..	45	26	14	3	3	1	—	—	—	—	—	—	23	2			
2. Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	86	30	9	1	6	3	—	—	4	1	—	—	48	5			
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	164	17	10	2	24	—	—	—	8	2	3	—	44	6			
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 ozs. ..	165	6	4	—	18	—	—	—	19	—	1	—	17	4			
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	390	2	6	—	161	—	—	—	7	2	—	—	13	2			
6. Totals ..	850	81	43	6	212	4	—	—	38	5	4	1	145	19			

Note :—1 = 1,000g, or less, 2 = 1,001–1,500g, 3 = 1,501–2,000g, 4 = 2,001–2,250g, 5 = 2,251–2,500g.

Premature live and stillbirths

Particulars of premature live births notified (as adjusted by transferred notifications) are shown below:—

In hospital	.. .. .	850
At home	.. .. .	208
In private nursing homes	.. .. .	42
Total	.. .. .	1,100

The numbers of premature stillbirths notified (as adjusted by transferred notifications) were:—

In hospital	.. .. .	145
At home	.. .. .	15
In private nursing homes	.. .. .	4
Total	.. .. .	164

Prevention of Illness, Care and After-care

Tuberculosis

The Manchester Regional Hospital Board, in association with the Health Department, continued to provide facilities for the prevention and treatment of tuberculosis at the Chest Clinics at 352 Oxford Road, Manchester 13, and at Baguley Hospital; the local health authority pay a proportion of the chest physicians' salaries for their preventive work in this field.

The local health authority also provided the following care and after-care services:—

The visiting and supervision of tuberculous patients and their families by health visitors (*over 4,000 visits made*).

The loan of beds and bedding, free of charge, to assist treatment and to secure the isolation of the patient.

B.C.G. vaccination of suitable contacts of tuberculous patients (*897 vaccinations performed*).

The provision of food grants to patients and their families whose income was below a set scale (*31 grants made*).

The loan of nursing requisites, free of charge, to patients receiving domiciliary care.

The free distribution of sputum boxes (*5,700 issued*).

The disinfection of premises, bedding and clothing (*13 premises and 3 items of bedding disinfected*).

The colonization of patients in village settlements.

Assistance in rehousing (*164 cases reviewed and 78 recommended for rehousing*).

Financial advice in regard to entitlement to National Assistance and co-operation with the Ministry of Labour in regard to the placing of selected patients in suitable employment.

On 31st December, 1965, there were 3,877 persons on the tuberculosis notification register and 114 Manchester patients were receiving treatment in sanatoria and hospitals; there were no patients awaiting admission to either hospital or sanatoria.

Tuberculosis health visiting

Health visitors made 4,168 visits to tuberculous patients and their families.

National Assistance Board and grants-in-aid

The close liaison with officers of the National Assistance Board continued and they were at all times co-operative and understanding in assessing the need of patients and families requiring both immediate and long-term financial help.

Food grants

Extra food and milk grants are provided free to tuberculous patients whose income falls below an approved scale, and family income margins are revised periodically by the Health Committee. The committee's scale at the end of the year was as follows:—

	s.	d.
One adult (single or widow)	100	9
One parent and one child	131	6
Two parents	156	0
Two parents and one child	187	3
(Add 31s. 9d. for each additional child)		

Allowance is made for rent where this exceeds 15s. per week.

Housing

One hundred and sixty-four applications for rehousing were received by the Housing Survey section. In every case a report on the medical aspects, especially in relation to infectivity, was obtained from the consultant chest physician. Subsequently the Medical Officer of Health recommended medical priority in seventy-eight cases.

Colonization

The Health Committee assumes financial responsibility for the maintenance of patients accepted by village settlements after a period of observation. At 31st December, 1965, there were three patients in Barrowmoor Hall Tuberculosis Colony and one in the Papworth Village Settlement, Cambridgeshire.

Children

Child contacts are kept under close supervision and every effort is made to ensure their attendance at the chest clinics for examination and B.C.G. vaccination. Liaison with other interested departments is maintained and information freely exchanged. The Children's Department, when appropriate, arranges for the care of children when a parent is in hospital, and will also take into temporary care those children who need to be segregated from cases of open tuberculosis during B.C.G. vaccination.

Home helps

Any home help working in a tuberculous household must be a volunteer and must have a chest X-ray performed periodically. This service is of great value and is often a source of comfort to patients temporarily unable to care adequately for their families.

B.C.G. vaccination

In 96 sessions, 1,656 Heaf tests were administered and 897 B.C.G. vaccinations carried out. In addition to contacts of tuberculous cases, Mantoux negative student nurses and hospital staff were also vaccinated.

Notification

New cases of respiratory tuberculosis notified decreased from 313 in 1964 to 308 in 1965. There were 214 male cases (207 in 1964) and 94 female cases (106 in 1964). In addition the Medical Officer of Health was informed of 14 cases (13 male, 1 female) of respiratory tuberculosis from local registrars' death returns and 1 male case by posthumous notification.

New cases of non-respiratory tuberculosis increased from 41 in 1964 to 49 in 1965; there were 19 male cases (20 in 1964) and 30 female cases (21 in 1964) and the Medical Officer of Health was informed of 2 cases (1 male, 1 female) of non-respiratory tuberculosis from local registrars' death returns.

Mortality

Deaths from respiratory tuberculosis numbered 45 a decrease of 9 on 1964. There were 41 male and 4 female deaths. Two males died from non-respiratory tuberculosis, this being two less than in 1964.

Tuberculosis (pulmonary and non-pulmonary)
Incidence and deaths in age groups for certain years 1956—1965

Year	0—				1—				5—				15—				45—				65—				Total		Totals	
	Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.	Non-pul.	All forms	Deaths
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths				
																									Cases	Deaths		
1956	9	1	1	—	24	—	4	1	39	—	4	1	339	18	39	5	152	48	7	2	29	35	1	4	592	101	648	114
1959	2	—	—	—	17	—	2	—	33	—	6	—	264	22	20	2	123	30	8	2	37	28	3	3	476	80	515	87
1960	2	—	—	—	21	—	2	—	18	—	6	—	198	13	23	—	117	42	2	1	34	26	2	1	390	81	425	83
1961	—	—	—	—	15	—	2	—	27	—	3	—	178	2	27	2	139	31	4	3	23	17	3	—	382	51	421	56
1962	1	—	—	—	16	—	5	—	30	—	3	—	208	11	22	4	106	35	4	4	31	24	2	—	392	70	428	78
1963	3	—	—	—	21	—	2	—	20	—	4	—	145	8	21	4	100	27	5	3	21	15	3	2	310	50	345	59
1964	3	—	—	1	17	—	2	—	23	—	2	—	159	4	28	—	79	34	5	—	32	16	4	3	313	54	354	58
1965	2	—	—	—	11	—	1	—	18	—	2	—	143	4	31	—	106	20	14	2	28	21	1	—	308	45	357	47

Summary of notifications of tuberculosis during the
period 1st January to 31st December 1965

FORMAL NOTIFICATIONS														
Number of primary notifications of tuberculosis (new cases) by age														
0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Totals (all ages)	
Respiratory, males	2	—	4	6	3	9	10	28	39	42	48	18	5	214
Respiratory, females	—	3	4	1	8	9	16	15	17	6	10	5	—	94
Non-respiratory, males	—	—	—	—	—	—	4	10	3	1	1	—	—	19
Non-respiratory, females	—	—	1	—	2	1	1	7	5	6	6	1	—	30

The statistics for the year are shown in the following tables:—

Primary notifications of and deaths from tuberculosis
Comparative figures certain years 1956—1965
(Rates per thousand of the population)

Year	Primary notifications						Death rates, tuberculosis Manchester						Death rate, respiratory tuberculosis, England and Wales		
	Respiratory			Non-respiratory			Respiratory			Non-respiratory			Per- sons Rate	Per- sons Rate	
	M. Rate	F. Rate	Per- sons Rate	M. Rate	F. Rate	Per- sons Rate	M. Rate	F. Rate	Per- sons Rate	M. Rate	F. Rate				
1956	1.09	0.66	0.86	0.06	0.10	0.08	12.35	1.77	0.21	0.09	0.15	0.02	0.01	0.02	0.121
1959	0.92	0.52	0.71	0.04	0.07	0.06	12.49	2.03	0.19	0.05	0.12	0.01	0.01	0.01	0.077
1960	0.79	0.41	0.59	0.04	0.07	0.05	12.42	1.72	0.22	0.04	0.12	0.01	0.00	0.00	0.068
1961	0.84	0.34	0.58	0.05	0.07	0.06	13.49	2.25	0.12	0.04	0.08	0.01	0.01	0.01	0.065
1962	0.85	0.35	0.59	0.00	0.04	0.05	13.30	2.41	0.15	0.06	0.11	0.02	0.01	0.01	0.059
1963	0.66	0.30	0.47	0.07	0.04	0.05	12.99	2.20	0.13	0.02	0.08	0.01	0.02	0.01	0.056
1964	0.67	0.32	0.49	0.06	0.06	0.06	11.97	1.64	0.14	0.03	0.08	0.01	0.00	0.01	0.047
1965	0.70	0.28	0.48	0.06	0.09	0.08	12.32	1.75	0.13	0.01	0.07	0.01	0.00	0.00	0.042

Mass radiography health survey

The following report has been supplied by Dr. R. Walshaw, the Medical Director of the No. 2 Mass Radiography Unit: it refers to the period 1st September, 1964 to 31st August, 1965.

Manchester zone 2

When the report for zone 2 was submitted in March, 1964, the municipal wards of Beswick, Bradford and Openshaw still remained to be surveyed. In November, 1964, the unit carried out a survey in the St. Jerome's church hall, Beswick, to include these three wards, and the completed analysis of the significant abnormalities discovered during the survey of zone 2 is appended.

Manchester zone 3

The Newton Heath and Harpurhey wards still remained to be surveyed when the report for zone 3 was submitted in March, 1965. The unit carried out a series of examinations in the Newton Heath Methodist School in March/April, 1965, and the analysis of these examinations, together with that for the Moston ward for which figures were not available when the report for zone 3 was being prepared last year, follows. The Harpurhey ward was visited in December, 1965, when the unit was installed in St. Stephen's church hall. The final diagnosis of the cases referred for further investigation from this survey is not yet available, and this analysis will be included in next year's report.

Manchester zone 4

The survey of this zone began in January, 1965, and this report relates to examinations carried out up to August, 1965. Examinations were carried out in:

St. Luke's parochial hall, Burton Road, West Didsbury,
Church of Christ schoolroom, Burnage Lane, Burnage,
Holy Innocent's schoolroom, Wilmslow Road, Fallowfield,
St. Werburgh's church hall, Wilbraham Road, Chorlton-cum-Hardy.

The unit also visited one of the University halls of residence in the zone where there had been a case of tuberculosis. The wards included during this series of examinations were: Barlow Moor, Burnage, Chorlton-cum-Hardy, Old Moat, Rusholme, Withington and part of Alexandra Park. The analysis for these examinations is appended.

Within this period the unit was engaged for eight weeks in Salford, and paid two further visits to H.M. Prison, Strangeways. It also carried out a survey in the Manchester Town Hall, at the request of the Medical Officer of Health, in the course of which 10,523 examinations were carried out. In response to a request from the medical officer of the Manchester University student health service, the unit visited premises in the vicinity of the University to carry out the examination of freshers, and the opportunity was taken to survey at these premises the staff of an industrial concern in the area where there had recently been cases of respiratory tuberculosis. One thousand nine hundred and ninety-five examinations were carried out at that site. A survey was also carried out in the New Cross district to include one of the largest commercial concerns in the City where a case of respiratory tuberculosis had occurred, and advantage was taken to include other industrial groups in the neighbourhood, a total of 5,138 examinations being carried out there.

Among the groups examined during the period of this report were industrial and office workers, cases referred by private practitioners, employees of local authorities whose work brings them into close contact with children, pupils of grammar and technical high schools who were 16 years of age or over and in their final year, together with individual members of the general public.

	Zone 2 Completed	Zone 3 (Newton Heath and Moston)	Zone 4 to August, 1965 (part survey only)
Total examinations carried out ..	27,748	4,438	11,875
Of these the number resident in zone under survey was.. .. .	14,720	3,930	10,655

Respiratory tuberculosis requiring close clinic supervision or treatment:

	Cases	per thousand	Cases	per thousand	cases	per thousand
All examinations ..	47	1.7	10	2.25	14	1.18
Residents in zone	24	1.6	7	1.78	14	1.3

Respiratory tuberculosis requiring periodic supervision at chest clinics:

All examinations ..	141	5.1	15	3.4	49	4.1
Residents in zone	94	6.4	13	3.3	39	3.6

Bronchiectasis:

All examinations ..	10	0.36	5	1.1	2	0.17
Residents in zone	5	0.34	3	0.8	2	0.19

Carcinoma bronchus:

All examinations ..	31	1.1	8	1.8	11	0.93
Residents in zone	23	1.5	8	2.0	10	0.94

Rates per thousand in respect of these significant abnormalities for the *296,080 examinations carried out by the Manchester Regional Hospital Board's six units in the year 1963 were:—

Respiratory tuberculosis requiring close clinic supervision or treatment	1.1
Respiratory tuberculosis requiring periodic supervision at chest clinics	1.9
Carcinoma bronchus	0.7

*The latest figures available.

Among other abnormalities discovered during the period of this report were: Pneumoconiosis (1), diaphragmatic hernia (33), eventration of diaphragm (4), thyroid cyst (1), cervical and substernal thyroid enlargement (15), haemosiderosis (1) and old calcified hydatid cyst in liver (1).

Prevention of cancer of the cervix

The number of clinic sessions each week was increased from 6½ to 7½, including two evening sessions. One session in a clearance area was terminated whilst two new sessions were introduced, including an evening session in an area of the City with a high proportion of coloured immigrants. However, the response from the coloured immigrants was disappointing, for while 320 women attended this clinic only 39 of them were coloured.

3,150 cervical smears were taken in Health Department clinics, with 34 positive smears (10.8 per thousand) and 35 suspicious smears (11.1 per thousand). Women with suspicious smears were kept under observation. The distribution of the smears, including positive and suspicious results by age groups, is shown in the accompanying table. In Health Department clinics special emphasis is placed on the educative aspects of prevention of cancer of the cervix, and accordingly in the event of a positive smear and subsequent referral to hospital the patient is more prepared and suffers less mental trauma. A gynaecological complaint or family problem, which the patient wishes to discuss with a woman doctor, is often the stimulating factor which brings women to the clinics. Significant gynaecological findings are naturally reported to the family doctor.

The pathologist at Christie Hospital, in addition to reporting on the cervical cells, also indicates the presence of trichomonal and monilial infections. Out of a total of 3,150 smears taken there was an incidence of 293 (9 per cent) trichomonal infections and 62 (2 per cent) monilial infections. While it is not intended that these clinics should be all-purpose gynaecological sessions it is important to women that significant gynaecological defects and infections are diagnosed.

Co-operation with the Christie Hospital pathologist, and with gynaecologists and general practitioners in the City continues to be excellent.

Distribution table of cytodiagnostic results by age groups, 1965

Age	Under 20 years	20-29 years	30-39 years	40-49 years	50-59 years	60 years and over	No age given	Total
Negative smears	7	679	1,050	908	376	57	4	3,081
Positive smears	—	6	12	8	6	2	—	34
Suspicious smears.. ..	—	5	17	5	8	—	—	35

Loan of sickroom equipment etc.

Nursing requisites may be obtained on loan and free of charge from district nurses' report centres, British Red Cross Society depots or directly from the Health Department. Requests for loan, of which there were 1,752 during 1965, require substantiation by either a doctor, district nurse, health visitor or midwife.

Protective pants and interliners were provided free of charge to 27 necessitous disabled persons. The service is available only on the recommendation of either a medical practitioner or a district nurse.

Laundry service

There was a small increase in the demand for this service available to chronic sick persons nursed at home. Deliveries of laundered bed linen and night attire and collection of soiled articles were made twice weekly. Laundering continued to be carried out in a most satisfactory manner, the majority at Springfield Hospital but with the willing assistance of the Corporation Baths and Laundries Department when necessary.

Disposable absorbent paper pads continued to be available as an alternative to linen draw sheets, particularly for doubly incontinent patients. Linen draw sheets were, however, also issued especially when a patient expressed a preference. Three hundred and forty-four patients were supplied with laundered items and 834 with disposable absorbent pads.

The disposal of absorbent paper pads was effected by burning on domestic fires, in incinerators or, provided they are well wrapped, by the normal refuse disposal services. Disposal on domestic fires continued to be the main practice, but, as an increasing area of the City comes under smoke control orders, the alternative methods are necessary.

All new purpose built maternity and child welfare centres, combined clinics and multi-storey flats in the City already have large incinerators capable of dealing with soiled pads.

Chiropody

Due to increasing demand the arrangements with voluntary organizations were supplemented by a chiropody service, directly operated by the Corporation through the Health Committee, for the elderly, the physically handicapped and expectant mothers. In April the directly operated service assumed responsibility for all domiciliary treatments and, in addition, by the end of the year nine municipal clinics at Blackley, Harpurhey, Cheetham, Hulme, Ardwick, Gorton, Clayton, Withington and in the Town Hall had been established. A chief chiropodist, seven senior chiropodists and a clerk were assigned to the service.

Recruitment of senior chiropodists to permanent whole-time appointments has been unsatisfactory. As a relief measure chiropodists in private practice have been engaged to undertake some domiciliary treatments.

The average interval between visits for treatment, either domiciliary or at clinics was, towards the year end, approximately eight weeks, with more frequent attention given to patients suffering from diabetes and rheumatoid arthritis. The main object of the chiropody treatment is to make patients comfortable and to help them to become or remain ambulant. With bed-fast patients the aim is to maintain the feet in a comfortable condition.

Details of patients receiving chiropody treatment through the directly operated service, and the number of treatments given, are shown in the following tables:—

Directly operated service
Patients receiving treatment (at 31st December, 1965)

Treatment received	Elderly persons	Physically handicapped persons	Expectant mothers
At municipal clinics	730	16	41
At home	1,566	78	—
Totals	2,296	94	41

Treatments given (April—December)

Treatment received	No. of treatments (all classes)
At municipal clinics	1,509
At home	4,871
Total	6,380

Voluntary organizations continued to provide chiropody treatment, mostly at clubs for old people, by private practitioners employed on a sessional basis, and the Health Committee reimbursed the voluntary organizations for expenditure incurred. The Manchester and Salford Council of Social Service, which organizes many of these treatment sessions, now wishes to transfer the responsibility for their operation to the Corporation's directly operated chiropody service and this will be arranged. 1887 patients were receiving treatment through the voluntary organizations at the end of the year.

None of the foregoing figures include the treatment of residents of old people's homes, which are under the control of the Welfare Services Committee.

Convalescence

Recuperative holidays were arranged at various convalescent homes following medical recommendations.

Particulars of admissions are shown below :—

“Binswood” British Red Cross Home, Manchester	..	..	137
Bryn Aber Nursery Home, Abergele (children)	..	..	149
Delton Convalescent Home, Blackpool	..	..	50
Jewish Blind Society’s Home, Southport	..	..	22
Lear Home of Recovery, West Kirby	..	..	94
Total	..	..	452

Cases were also admitted to the Health Committee’s establishments, children to the Dr. Garrett Memorial Home, Conway, North Wales and convalescent mothers to Knowle House, Handforth.

Family welfare service

The Medical Officer of Health is indebted to Dr. T. E. Grant B.A. (Econ.), M.R.C.S., L.R.C.P., D.P.M., who has succeeded Lady Margaret Platt, and who now supervises the family welfare service, for the following report:—

“The work of the family welfare service which fulfils a very real need continued to increase and an additional centre was opened in Didsbury at the end of May. Since its inception in 1948 the service has had more than 4,500 attendances and this year we have had the opportunity of following up the very satisfactory progress of some of the children, now grown up, of families who attended and received help in the early years of the service.

During the year Dr. Margaret Platt retired. She will be much missed by her patients and by the service which owed so much to her skill, vision and enthusiasm. We wish both Sir Robert and Lady Platt a long and happy retirement. Dr. T. E. Grant, who also holds psychiatric appointments in the Student Health Service and in the University Department of Psychiatry was appointed consultant phychiatrist to succeed her. The part-time medical staff have been assisted during the year by Dr. Vanstone, Deputy Administrative Medical Officer, Nursing Services Division, and by Dr. Brayshay, one of the department’s senior maternity and child welfare medical officers. We lost the services of Dr. Davenport when she resigned her appointment in the Health Department. Her valued service has been much appreciated.

Interest in the service continues to be maintained in the various social agencies, and on several occasions members of the staff have lectured to them at their invitation on the work of the service. A brief report on the service was also asked for by the Health Department in Edinburgh where it is hoped to start a similar service”.

Case load

	<i>Darbishire House</i>	<i>Yew Tree Lane</i>	<i>Thornton Street</i>	<i>Didsbury</i>	<i>Totals</i>
Old cases	58	43	20	4	125
New cases	78	89	38	16	221
Total cases seen	136	132	58	20	346
Total number of interviews during the year	571	457	203	141	1,372

Source of referral of cases

General practitioners	66
Health visitors	40
Family welfare staff	33
Self	29
Other patients	18
Clergy	29
Family Planning Association	16
Wife	13
Other members of family ..	27
Samaritans	12
Medical social workers ..	11
Maternity and child welfare clinics	10
Family Welfare Association	10
Press	9
Other sources	36

Reason for referral

Marital disharmony	150
Difficulties with children ..	51
Family members other than children	13
Depression	35
Emotional maladjustment ..	32
Anxiety states	20
Sex difficulties	13
Other	32

Darbishire House Health Centre

This centre continued to follow the successful pattern established over the past eleven years. Four general practitioners hold two surgeries each day and when appropriate both doctor and health visitor can discuss patients' problems together. A district nursing sister provides an out-patient service, including dressings and injections, and two other nursing sisters are employed in home visiting.

The centre benefits greatly from the services of a laboratory technician who attends each morning, from the part-time services of a physiotherapist and a radiographer and from the full-time services of a social worker, who is also a health visitor.

Although the number of patients on the register was similar to last year the attendances at infant clinic sessions were marginally less. Attendances at the weekly health education class and the relaxation class for expectant mothers were disappointing. On the other hand, the occasional film shows were popular and the weekly sewing class and the hearing screening sessions were again well attended.

An association for the promotion of inter-racial friendship was inaugurated in the district in February, at the request of the Secretary of the Pakistani Welfare and Information Centre of Manchester. Two health visitors from Darbishire House, one herself a Pakistani, attended a meeting of the association and were able to give useful help and advice, especially concerning social problems. Obviously a health visitor of Pakistani nationality is invaluable at any clinic sessions where the majority of mothers are themselves of the same nationality. Instructional leaflets have been prepared in the appropriate Asiatic language to provide information on subjects such as feeding and antenatal care.

This centre is also concerned with the care and welfare of old people and their annual outing to Southport was again a huge success. At Christmas-time food parcels were sent by students of the Elizabeth Gaskell College to elderly people selected by health visitors.

Incidence of Blindness

(National Assistance Acts)

The following information has been kindly supplied by the Chief Welfare Officer and the majority is in the form required by the Ministry of Health.

Follow-up of registered blind persons

	Cause of disability		
	Cataract	Glaucoma	Other
(i) Number of cases registered as blind during the year 1965 in respect of which section F of form B.D. 8 recommends:—			
(a) no treatment	12	13	57
(b) treatment (medical, surgical or optical)	19	17	26
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	11	16	17
(iii) Number of cases at (ii) above in which:—			
(a) vision improved	4	2	1
(b) sight restored	—	—	—
(c) treatment continuing at end of year	6	11	13

Follow-up of registered partially sighted persons

	Cause of disability		
	Cataract	Glaucoma	Other
(i) Number of cases registered as partially-sighted during the year 1965 in respect of which section F. of form B.D. 8 recommends :—			
(a) no treatment	4	4	15
(b) treatment (medical, surgical or optical)	27	5	52
(ii) Number of cases at (i)(b) above which on follow-up action have received treatment	16	3	29
(iii) Number of cases at (ii) above in which			
(a) vision improved	3	1	3
(b) sight restored	—	—	—
(c) treatment continuing at end of year	12	3	22

Analysis of register of blind persons

The number of cases on the register was only three less than in 1964. Again the majority of cases were aged 60 years and over. Eighty-three per cent of registered blind adults were unemployed.

	at 31-12-1965	at 31-12-1964
<i>Children:—</i>	Number of cases	
Under 5 years of age	6	3
5 to 15 years of age—at school	18	17
—not at school	9	8
<i>Adults over 16 years of age:—</i>		
At school	—	—
Under training	5	4
Not training but trainable	2	2
Trained but unemployed	—	—
Employed at blind institutions or elsewhere	159	160
Unemployed	990	998
	1,189	1,192

<i>Age periods</i>					
0- 4 years of age .. ..	..	..	..	..	6
5-10 .. .. ..	..	..	..	..	8
11-15 .. .. ..	..	..	..	..	19
16-20 .. .. ..	..	..	..	..	13
21-29 .. .. ..	..	..	..	..	36
30-39 .. .. ..	..	..	..	..	46
40-49 .. .. ..	..	..	..	..	94
50-59 .. .. ..	..	..	..	..	143
60-64 .. .. ..	..	..	..	..	106
65-69 .. .. ..	..	..	..	..	128
70-79 .. .. ..	..	..	..	..	281
80-89 .. .. ..	..	..	..	..	256
90 plus .. .. ..	..	..	..	..	53
					1,189

Classification of cases of blindness certified and registered in 1965

The following table shows that elderly persons again suffered a high incidence of blindness.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
New cases from 1st January to 31st December, 1965..	48	96	144
Cases re-certified	1	—	1
Number of deaths during 12 months	36	101	137

<i>Ages at which blindness occurred</i>	<i>New cases</i>			<i>Present age periods</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
0	3	3	6	—	—	—
1	—	1	1	1	—	1
2	—	—	—	—	1	1
3	—	2	2	—	—	—
4	—	—	—	—	1	1
5-10	2	1	3	—	1	1
11-15	—	2	2	—	1	1
16-20	1	1	2	2	2	4
21-29	1	1	2	1	1	2
30-39	6	1	7	6	3	9
40-49	6	1	7	5	—	5
50-59	4	5	9	5	2	7
60-64	6	8	14	4	7	11
65-69	4	6	10	4	9	13
70-79	11	36	47	11	28	39
80-84	4	19	23	6	23	29
85-89	—	6	6	3	14	17
90 and over	—	1	1	—	3	3
Unknown	—	2	2	—	—	—
				48	96	144

<i>Other disabilities</i>	<i>Males</i>	<i>Females</i>
Physically defective	4	1
Hard of hearing	—	4
Mentally subnormal	1	—
Physically defective and hard of hearing ..	1	—

Causes of blindness

In the following table, cataract, glaucoma, retinopathy and macular degeneration are pre-eminent as causes of blindness.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Cataract	7	24	31
Glaucoma	8	22	30
Myopia	4	4	8
Retinal degeneration	—	3	3
Retinal detachment	—	4	4
Corneal ulceration	—	2	2
Retinopathy	7	6	13
Uveitis	2	1	3
Corneal dystrophy	—	1	1
Iritis	—	1	1
Retinitis pigmentosa	1	2	3
Chorio-retinitis	—	3	3
Optic nerve atrophy	3	5	8
Keratitis	1	2	3
Ophthalmia neonatorum	—	1	1
Macular degeneration	9	9	18
Lental opacities	—	1	1
Corneal opacities	3	—	3
Retinal haemorrhage	1	—	1
Other causes	2	5	7
	48	96	144

Summary of statistics of blind persons for the last ten years

Year ended 31st December	Total of register	New cases	Cases re-certified	Deaths	Cases de-certified	Transfers into area	Transfers out of area
1956	1,300	149	1	128	6	33	28
1957	1,310	143	1	129	5	31	31
1958	1,284	121	2	146	10	29	22
1959	1,255	136	1	152	8	22	28
1960	1,233	137	1	153	1	28	34
1961	1,202	117	—	144	—	19	23
1962	1,219	144	—	199	2	26	32
1963	1,204	154	—	141	2	21	50
1964	1,192	132	1	136	1	28	36
1965	1,189	144	1	137	—	17	28

Epilepsy and Cerebral Palsy

Neither of these handicaps is notifiable and therefore it is not possible to say with certainty how many children, resident in the City, are suffering from these conditions. The distribution of those who have come to the notice of the Nursing Services Division and School Health Service is as follows:—

Epilepsy

Children in Soss Moss Residential School	32
Children in schools not administered by the Education Committee	1
Children under supervision and attending ordinary schools..	50

Cerebral palsy

Children in Margaret Barclay Residential School	13
Children in Lancasterian Day School	84
Children under treatment at orthopaedic clinics	31

Monsall Cleansing Clinic

Verminous conditions and scabies

Babies and very young children are usually taken to the clinic by parents, but some had to be brought by child care officers or officers of the N.S.P.C.C. A number of teenagers, living away from home and frequenting coffee bars or clubs and in need of treatment, were referred from hospitals. Also there were several instances when young people were brought by the police, while a few presented themselves voluntarily for treatment.

Elderly people, however, constituted the great majority of those in need of treatment. The indifference of some of them to their condition was quite surprising.

The clinic staff routinely advise and assist those persons, including the elderly and also vagrants, who may be in need of medical attention. Such people are often the victims of malnutrition and neglect; everything possible is done to help them by arranging medical treatment and on occasions admission to hospital.

Other local authorities are becoming increasingly aware of the services offered and are referring patients to the clinic. Working arrangements have been made with Lancashire County Council, Chadderton U.D.C., and Middleton.

The following table sets out details of persons treated for verminous conditions and scabies at the clinic :—

Year	Male adults		Female adults		School children		Children under 5		Total persons	
	Vermin	Scabies	Vermin	Scabies	Vermin	Scabies	Vermin	Scabies	Vermin	Scabies
1963	555	64	52	95	629	129	20	61	1,256	349
1964	573	109	62	127	660	142	29	124	1,324	502
1965	544	95	37	134	433	166	27	106	1,041	501

Visitors

There were 104 visitors, mainly student health visitors, nurses and public health officers.

Welfare of immigrants

In October a liaison officer for immigrants was appointed and shortly after commencing her duties she met a number of senior officers of the Corporation to discuss and learn of attitudes and difficulties in relation to immigrants in the City.

Visits were made to eight schools, three clinics and four day nurseries in areas of the City with a high immigrant population density; visits were also made to immigrant families who had requested assistance.

In November the liaison officer met representatives of the Indian, Pakistan and West Indian organizations in Manchester to review and interpret the variety of difficulties encountered by immigrants.

In December the liaison officer spent two weeks in London with the National Committee for Commonwealth Immigrants; visits were made to voluntary liaison committees in the London area, and meetings were arranged with various organizations working with and for immigrants. Meetings were arranged between the Manchester officer and other liaison officers working in different parts of the country, creating an opportunity for the exchange of ideas on the subject of immigration.

Mental Health Services Division

Administration

Staff

Co-ordination with hospitals

Work in the community



Mental Health Services Division

B. J. Griffiths, B.Sc., M.R.C.S., L.R.C.P., D.P.H., Administrative Medical Officer.

T. Simpson, B.A. (Admin.), Chief Administrative Assistant.

Administration

The Mental Health Sub-Committee which meets monthly, consists of 19 members and is responsible, through the Health Committee, for dealing with all questions arising out of the powers and duties of the Council under the National Health Service Acts and the Mental Health Act, 1959, relating to mental health, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants. Any three members of the Health Committee are authorized to exercise the power of the local health authority, under section 47 of the Mental Health Act, 1959, to discharge a patient from guardianship.

The Medical Officer of Health, the Deputy Medical Officer of Health and the Administrative Medical Officer (General) are approved under section 28(2) of the Mental Health Act, 1959, for the purposes of making medical recommendations under parts IV and V of the Act and are authorized to act as responsible medical officers in relation to patients under guardianship; they are authorized to exercise on behalf of the local health authority any function (other than the power of discharge) in relation to guardianship, to receive documents on behalf of the local health authority under the Act and to act under regulation 24(2) of the Mental Health (Hospital and Guardianship) Regulations, 1960.

Staff

The staff of the division, excluding training centres, hostels and day centres, is as follows:—

Administrative medical officer	1
Chief administrative assistant	1
Deputy chief administrative assistant	1
Senior administrative assistant (accounts)	1
Senior mental welfare officer	1
District mental welfare officers	4
Psychiatric social workers	4 see note (i)
Mental welfare officers	20 see note (ii)
Welfare asisstants	4
Employment officer	1
Records clerk	1
Accounts clerk	1
General duties clerks	2
Shorthand typists	4

Note (i) Two posts are vacant and one post is filled by a social worker.

(ii) Six posts are vacant.

The following tables give details of the staff assignments at the training centres for the mentally subnormal:—

Junior training centre staff

Centre	Supervisors	Senior assistant supervisors	Assistant supervisors	Nursery assistants	Domestic staff	Part-time guides	Handy-man
Blackley ..	1	1	3	1	3	2	—
Gorton ..	1	1	2†	1	1	1	—
Northenden	1	1	14*†	7†	3	5	1
Victoria Park ..	1	1	7	1	3	4	1
Supply assistants	—	—	2	—	—	—	—
Totals	4	4	28	10	10	12	2

* Includes one male handicraft instructor.

† Includes a total of 5 temporary assistant supervisors and 1 temporary nursery assistant to replace staff on courses.

One member of the staff is recognised as qualified on grounds of experience and nine hold the Diploma of the National Association for Mental Health.

Adult training centre staff

The approved assignment of the Blackley 'Adult Training Centre is as follows:—

Chief training officer	1
Manager	1
Senior instructors	4
Instructors	11
Attendants	2
Clerical assistants	2
Cooks	2
Domestic assistants	9
Part-time guides	8
Caretaker	1

At the year-end the amalgamation of the adult training centre, Every Street, Ancoats, with the Blackley adult training centre was in process, and staff in accordance with the above assignment was being interviewed for appointment early in 1966.

Staff employed at the Blackley Adult Training Centre on 31st December, 1965, was as follows:—

Chief training officer	Senior instructors	Instructors	Clerks	Domestic staff	Part-time guides	Caretaker
1	2	10*	2	5	6	1

*Includes one temporary instructor to replace a staff member on a course.

Three members of the staff hold the Diploma of the National Association for Mental Health.

The chief training officer is responsible for the work of the adult training centres and for the supervision of handicrafts in the junior training centres, with particular reference to advising on the transitional stage between junior and adult centres and to providing a continuity of training at the time of transfer from the junior to the adult centre. He is also responsible for the supervision of handicrafts in the occupational therapy unit at Langho Colony and has a co-ordinating function in relation to the provision of contract work, not only for the Health Department's establishments but also for the sheltered workshop operated by the Welfare Services Department.

Co-ordination with hospitals

The number of mentally retarded patients on the waiting list for admission to hospital rose from 73 to 77, all in the severely subnormal category. The co-operation with Calderstones Hospital, the hospital for subnormals in whose catchment area Manchester is situated, has been excellent, and use has continued to be made of the hospital's clinic facilities for the assessment of prospective admissions.

Type, age and sex distribution of patients awaiting hospital admission.
Subnormal and severely subnormal persons.

Time on waiting list	Males						Females						Totals
	Under 16			16 and over			Under 16			16 and over			
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	
Over 2 years	6	14	—	1	6	—	15	11	—	—	4	—	57
1 to 2 years	—	6	—	—	—	—	—	3	—	—	1	—	10
Under 1 year	—	4	—	—	1	—	—	3	—	—	2	—	10
Total numbers on waiting list at 31.12 1965... .. .	6	24	—	1	7	—	15	17	—	—	7	—	77

- (a) cot and chair cases
- (b) ambulant severely subnormal
- (c) ambulant subnormal

Mentally ill persons

Four males and five females over 16 years of age, none of whom were considered to be urgent, were on the waiting list for admission to hospital at the end of the year compared with two males and three females the previous year.

It was unfortunate that, due to staff changes at Prestwich Hospital, the pilot scheme for closer integration between the hospital and the mental health service had to be suspended in July, after seven months' operation. This scheme co-ordinated one female ward with the central mental health service district. All female patients from that district were referred to the consultant in charge of the ward who made the decision as to the appropriate type of treatment i.e. whether to admit the patient, see her at his out-patient clinic and treat her as an out-patient at the hospital or through the general practitioner, or to make a domiciliary visit through the general practitioner. Despite the suspension of the pilot scheme, liaison with the hospital has been increased in other ways. The local authority is notified weekly of patients who are to attend the out-patient clinic and arrangements are made for them to be accompanied by the appropriate mental welfare officer. In addition, a weekly conference is held at the hospital at which the previous week's discharges are discussed and guidance given by the respective consultants on their after-care.

Details of the provision of reports for psychiatric hospitals for the subnormal and severely subnormal are as follows:—

Social histories and reports on patients and their home circumstances

Type of report	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Social history	29	28	26	32	115
Progress reports	4	7	3	9	23
Leave of absence reports.. ..	4	8	3	9	24
Reports relating to examination of need for continued detention	—	16	—	8	24
Totals	37	59	32	58	186

Admissions to hospitals

The following table gives details of mentally disordered persons admitted to hospital:—

Subnormal and severely subnormal persons admitted to psychiatric hospitals.

Method of admission	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal	10	5	4	10	29
Emergency	—	—	—	—	—
Observation	—	1	—	1	2
Treatment	1	7	—	3	11
Hospital order	—	9	—	2	11
Secretary of State	—	—	—	—	—
Transfer from guardianship	—	—	—	—	—
Short-term care.. .. .	42	9	31	25	107
Totals	53	31	35	41	160

Mentally ill persons admitted to psychiatric hospitals through the mental health service

Method of admission	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal	—	148	—	198	346
Emergency	—	137	—	98	235
Observation	—	84	—	123	207
Treatment	—	10	—	22	32
Hospital order	—	11	—	2	13
Secretary of State	—	1	—	—	1
Transfer from guardianship	—	—	—	—	—
Totals	—	391	—	443	834

Disposal of patients admitted for observation or in an emergency

Disposal	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Informal	—	145	—	142	287
Treatment	—	7	—	15	22
Discharged	—	67	—	55	122
Not completed	—	2	—	9	11
Totals	—	221	—	221	442

Patients known to have been admitted direct to psychiatric hospitals.

Method of admission	Males	Females	Totals
Informal	110	124	234

There were 28 patients dealt with on behalf of other local health authorities; informal patients comprised 81 per cent of all admissions.

Work in the community

Mental illness

Prevention, care and after-care

The following table gives details of the work done in the prevention, care and after-care of mental illness:—

Prevention, care and after-care of mental illness

	Males	Females	Totals
Social histories	12	15	27
Number of initial visits	277	316	593
Number of continued visits	767	1,581	2,348
Removed from care	130	153	283
Referred for medical report:—			
to general medical practitioner	35	37	72
to psychiatrists or clinics	46	84	130
Interviews with other agencies, departments or employers	218	381	599

The day centre and club for the mentally ill has made a considerable contribution to the work of this part of the service. The number of full-time patients attending at the end of the year was 22 and seven patients attended part-time on one afternoon each week. The club also operates on Monday evenings of each week when the attendance varies between 12 and 18.

The staff of the day centre and club is as follows:—

Occupational therapists	2
Handicraft instructor	1
Part-time instructors	2
(domestic subjects and hairdressing)	
Ancillary staff	3

Dr. E. H. Kitching, consultant psychiatrist to the mental health service, holds two sessions weekly at the centre.

The number of notifications of mental illness showed little change, being 1,516 compared with 1,522 last year.

Notification of mental illness

Source of notifications	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
General medical practitioners ..	3	376	4	529	912
Hospitals and clinics	—	88	2	91	181
Police authorities	—	66	—	34	100
Other corporation departments	—	55	5	64	124
General public	—	17	—	23	40
Other sources	—	76	3	80	159
Totals	3	678	14	821	1,516

Disposal of cases notified

Type of disposal	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
To hospital	—	391	—	443	834
Referred to other departments or agencies	—	—	—	—	—
Home visits	2	56	14	67	139
No further action	1	231	—	311	543
Awaiting disposal at 31.12.65 ..	—	—	—	—	—
Totals	3	678	14	821	1,516

Subnormality and severe subnormality

Details of the number of subnormal and severely subnormal persons referred are as follows:—

Males		Females		Total
Under 16	16 and over	Under 16	16 and over	
34	40	15	20	109

Removal from care

There were 136 subnormal and severely subnormal persons removed from care.

The total number of visits by mental welfare officers was 12,748.

**Number of persons receiving care in the community by the
mental health service at 31st December, 1965.**

Type of care	Mental illness and psychopathic disorder				Subnormality and severe subnormality				Totals
	Males		Females		Males		Females		
	Under 16	16 and Over	Under 16	16 and Over	Under 16	16 and Over	Under 16	16 and Over	
Home visits	3	1,096	14	1,486	203	546	171	624	4,143
Guardianship	—	—	—	—	—	1	—	2	3
Totals	3	1,096	14	1,486	203	547	171	626	4,146

Voluntary associations

No duties are delegated to voluntary bodies but the facilities of various bodies are utilized for the provision of certain services.

Residential accommodation is provided by various voluntary bodies for 22 subnormal and severely subnormal patients and a further ten patients are in foster homes provided under the aegis of the Guardianship Society, Hove. Short-term care was provided in voluntary homes in 75 cases to give relief to relatives of the subnormal and severely subnormal and 16 persons recovering from mental illness were given periods of convalescence. The reduction by 75 in the numbers of short-term care cases admitted to voluntary homes, compared with 1964, was due to the provision of local authority residential accommodation where 79 short-term care cases were admitted, compared with ten in 1964. With the opening of the special care unit at the Northenden junior training centre, the number of children attending voluntary training centres was reduced from 24 to 13.

Volunteer workers of the Manchester, Salford & District Association for Mental Health have made a valuable contribution to the work of the day centre and club, where they attend on two afternoons and one evening each week to organize social activities.

In June the Lord Mayor, Alderman B. S. Langton, J.P., called an inaugural conference to consider the provision of voluntary service to the community by the youth of the City and, as a result the Youth and Community Service was formed. Its first project was the provision of voluntary help, by school children, to the Northenden residential unit for subnormal children during the school holidays. Tribute is paid to excellent work which the volunteers did throughout their holiday periods.

In addition, one volunteer from the Community Service Volunteers spent three months at the adult training centre and at Summerhill Hostel, and a further two volunteers from the same organization spent a month at the Northenden residential unit.

Training of staff.

Six members of the staff of junior training centres and one member of the adult training centre staff are at present seconded to diploma courses; three members of the mental health social work staff are on full-time courses, one on the course in psychiatric social work at Manchester University and two on the social work course at the Manchester College of Commerce.

One member of the training centre staff was awarded the National Association for Mental Health diploma for teachers of the mentally handicapped and one mental welfare officer the certificate in social work.

Junior training centres

The four junior training centres are situated at Blackley, Gorton, Victoria Park and Northenden. Two of the centres, Blackley and Northenden, are purpose-built and the remaining two are scheduled for replacement in the development plan for the mental health service.

The Northenden junior training centre, which was officially opened on 20th January, 1965, by the Lord Mayor, Alderman Dr. W. Chadwick, J.P., includes a 20-place special care unit for subnormal children with additional physical handicaps and has a 32-place residential unit attached.

Although additional adult training centre facilities have become available, it was still necessary for 39 over 16's to attend the junior training centres and be accommodated in special senior classes.

Junior training centres
Number of pupils on registers at 31st December, 1965.

Training centre	Males		Females		Totals
	Under 16	16 and over	Under 16	16 and over	
Blackley	21	1	21	1	44
Gorton	13	—	11	—	24
Victoria Park	53	2	35	20	110
Northenden	39	—	53	15	107
Totals	126	3	120	36	285

Nine special buses were used to convey pupils to and from the junior training centres and supervisory duties on the buses were carried out by part-time guides.

Mid-day meals, supplied by the school meals service, were provided for pupils at a cost of 6d. per meal, but in cases of financial hardship free meals were available. Each child under the age of 16 years received $\frac{1}{2}$ pint of milk free each day and the older pupils had cups of tea.

The average attendance at all training centres was 80 per cent.

By arrangement with the Education Department, the examination and treatment facilities of the school health service are available to pupils of school age. Medical examinations for adult pupils at the junior training centres and trainees at the adult training centre are carried out by Health Department medical staff.

The school dental service undertakes the treatment of pupils attending the junior training centres but, due to their severe handicaps, it has not hitherto been possible to provide them with comprehensive treatment, the emphasis being on relief of pain and elimination of sepsis. It was realised that this was only a partial solution to the problem, as it would lead to increased difficulties later in life in the provision of dentures, and that a method would have to be found by which these and other handicapped children could be provided with full mouth restoration.

MENTAL HEALTH SERVICE.
NORTHENDEN JUNIOR TRAINING CENTRE
AND RESIDENTIAL UNIT.





In recent years there has been a marked improvement in the safety and techniques of dental general anaesthesia; it was therefore decided to explore the possibility of undertaking conservative dental treatment under general anaesthesia. The Regional Hospital Board was approached and to enable full comprehensive treatment to be given a consultant anaesthetist was seconded to the school dental service for one session per week. Parents were given full details of the scheme, co-operation was received from them and the appreciation shown by many parents for the treatment given to their children was most gratifying.

During the short period this new service has been available 20 children received treatment; 88 fillings were done in 69 deciduous or permanent teeth; 16 deciduous and 35 permanent teeth were extracted.

Adult training centre

Premises in Domett Street, Blackley, formerly a technical high school, were taken over for adaptation to use as an adult training centre and throughout the year were used as a temporary adult training centre for females. The work of adaptation was phased with a view to the continuance of this temporary centre throughout the year and also to enable gradual transfers to be made from the male adult training centre in Every Street, Ancoats. By the end of the year the main block consisting of offices, dining room, kitchen, transitional classroom, social education classroom, cookery training unit, three large contracts and handicrafts rooms, staff and toilet accommodation was completed, together with a number of outside buildings comprising the woodwork shop, sewing room and a detached house for use in domestic training. By the end of the year it was possible to close the adult training centre in Every Street and the number of trainees on the register at the new centre at 31st December was 85 males and 52 females.

Three special buses and a mini-bus serve the centre; mid-day meals are provided by the school meals service on the same terms as at the junior training centres and cups of tea are provided for the trainees. The hours of the centre are from 9-30 am. to 4-30 p.m. with seven weeks holiday each year compared with 13 weeks at the junior training centres. Incentive allowances ranging from 2s. to 8s. per week are paid to trainees; work achievement, progress in training and the manner in which the work is attempted are taken into account. The incentive scheme is, however, under review.

Residential accommodation

Two hostels, the Northenden Residential Unit, 200, Yew Tree Lane, Northenden and Forrester House, 51 Brougham Street, West Gorton, received their first residents on 2nd April and 3rd May respectively.

The Northenden residential unit, which is attached to the Northenden junior training centre, provides 32 places for subnormal and severely subnormal children up to the age of 15 years who attend the junior training centre during the day. Forrester House can accommodate up to 30 adult females suffering from mental illness.

The new hostels, together with the existing Summerhill Hostel for adult subnormal males, bring the total number of residential accommodation places to 90.

The staffing of the hostels is as follows:—

Staff	Summerhill	Forrester House	Northenden residential unit
Superintendent (resident)	1	1	—
Matron (resident)	1	—	1
Assistant superintendent (resident)	1	1	—
Assistant matron (resident)	1	—	1
Relief assistant matron	—	1	1
Night attendants	—	—	4
Children's attendants (part-time)	—	—	20
Cooks	1	2	2
Domestic assistants (part-time)	2	2	3
Handyman (part-time)	1	1	1

During the ten months of operation there were 88 admissions to the Northenden residential unit, 16 long stay children and 72 for short-term care and at the end of the year 16 children were in residence.

Although Forrester House and Summerhill are primarily for the mentally ill and subnormal respectively, it was necessary to admit a small number of the other category until further hostels are provided. The minority category had therefore to be selected carefully to ensure that they would integrate with the other residents.

The total number of admissions and discharges to Forrester House during the nine months period that it was open and the twelve month period at Summerhill were as follows:—

Admissions

<i>Reason for admission:—</i>	<i>Summerhill</i>	<i>Forrester House</i>	<i>Totals</i>
discharged from hospital ..	3	27	30
incompatible home	1	4	5
unwanted by relatives	—	1	1
death of relatives	2	—	2
request by Court	1	—	1
behaviour disorder	—	1	1
no home	6	1	7
short-term care	7	2	9
Total number of admissions	20	36	56

Discharges

<i>Discharged to:—</i>	<i>Summerhill</i>	<i>Forrester House</i>	<i>Totals</i>
private accommodation ..	3	2	5
relatives	2	—	2
hospital	6	2	8
mental nursing home ..	1	—	1
died	—	1	1
absconded	1	1	2
home ex short-term care ..	7	2	9
Total number of discharges ..	20	8	28

	<i>Summerhill</i>	<i>Forrester House</i>	<i>Total</i>
Number of residents at 31/12/65 ..	28	28	56

At Forrester House seven residents were in employment on admission and a further nine were found employment. All were still in employment at the end of the year.

None of the 20 residents admitted to Summerhill Hostel were in employment on admission and 11 were subsequently placed in employment. Of these, seven were still in employment at the end of the year.

At 31st December, 16 of the 28 residents at Forrester House were in employment, three were seeking employment, eight were employed about the hostel and one was attending the adult training centre. At Summerhill, 13 of the 28 residents were employed, two were seeking employment, six were attending the adult training centre and seven were employed about the hostel.

Employment officer

Due to retirement, there was no employment officer for a period of two months and there was a reduction in the number of mentally disordered patients placed in employment. Nevertheless, a total of 45 patients were placed in jobs, excluding residents at the hostels. Three of this number found it difficult to settle to a work routine and several posts had to be found for them.

In addition, two patients were referred to Remploy and two for admission to the sheltered workshop operated by the Welfare Services Committee. Arrangements were also made with two firms for the provision of contract work for the Blackley adult training centre.

Close liaison was maintained with disablement resettlement officers of the Ministry of Labour and, where appropriate, the requisite medical certificates were completed to enable patients to be considered for inclusion on the disabled persons' register.

Progress in the provision of mental health services

As indicated in the section of the report dealing with the adult training centre, the major portion of the work of adapting the Blackley adult training centre was completed by the end of the year and male trainees were transferred to the new centre from the adult training centre, Every Street. Work remains to be carried out on the laundry unit, the metal-work shop, the outside work room, outdoor covered ways and landscaping; it is anticipated that this work will be completed by the end of March, 1966, when it will be possible to admit the full intake of 200 trainees.

One 30-bedded hostel, Forrester House, Brougham Street, West Gorton, came into operation for adult mentally ill females on 3rd May and a second identical purpose-built hostel for adult mentally ill males was completed in Plymouth Grove, Chorlton-on-Medlock. The equipping and furnishing of the Plymouth Grove hostel is in progress and it is expected that the first residents will be admitted early in March, 1966.

Forrester House is designed with two, two-storey wings joined by the kitchen and dining/recreation room on the ground floor and by residential staff accommodation on the first floor.

The advantage of the wing design is that, until sufficient hostels are provided to segregate the various categories of mental disorder, it is possible to cater for two categories, e.g. mental illness and mental subnormality, within the same building and yet, at the same time, to separate them to some extent.

The following accommodation is provided:—

- 14 single bedrooms
- 4 four-bedded rooms
- 2 residents' lounges
- 1 visitors' lounge
- 4 residents' bathrooms
- 4 residents' toilets
- 4 utility rooms
- dining/recreation room
- kitchen with servery
- kitchen staff room and toilet
- 2 self-contained staff flats each consisting of an entrance hall, kitchen, bathroom and w.c., lounge and two bedrooms.

Applications for loan sanction were made for two junior training centres, one in Dickenson Road, Rusholme, to replace the Victoria Park Junior Training Centre, and one in Correlli Street, Miles Platting, to replace the Gorton Junior Training Centre. Due to the moratorium on local authority capital works, commencement of the Correlli Street centre was deferred until March, 1966, but in the case of the Dickenson Road centre, after representations to the Ministry of Health, loan sanction was granted in November and work on the building commenced immediately.

Visits

Visits of observation were paid to the mental health service by Mr. A. S. Marre, C.B., Deputy Secretary, Ministry of Health, Mr. J. E. Pater, C.B., Under Secretary, Local Authority Division, Ministry of Health, Professor J. A. Richardson, Professor of Education, University of New England, Australia, Mr. I. C. Steinmetz, New Zealand, Mr. E. V. Just, Deputy Chief, Rehabilitation Centre, Odense, Denmark and Mr. J. Castelow and Mr. J. K. Argles, Welfare Officers, Ministry of Health.

Sanitary Services Division

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 - Misdescription of fabrics
 - Flammable nightdresses
 - Export of rags and second-hand clothing
 - Swimming baths
 - Establishments for massage or special treatment
 - Hairdressers or barbers
 - Sale of certain poisons
 - Exhumations
 - Public conveniences
- Sewerage and sewage disposal



Sanitary Services Division

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H., Chief Public Health Inspector.

In dealing with an expanding range of duties, housing conditions, smoke control and food hygiene necessarily continued to receive special attention.

The Minister of Housing and Local Government requested local authorities to review and increase the clearance of unfit houses, which, however, had already been undertaken by the department. The number of unfit houses represented during the year was 5,690 compared with 4,917 in 1964 and 4,028 in 1963. The annual average since the resumption of the clearance area action in 1951 has been 2,330. Additionally, 530 individually unfit and structurally dangerous houses were certified for the rehousing of the families and the demolition of the properties. There was also an increased number of inspections to enforce essential repairs at other houses and improved standards in houses in multiple occupation. Concurrently, however, it remained impracticable to proceed with the compulsory improvement of certain suitable areas of houses where such action is contemplated.

The establishment of smoke control areas continued and five orders for 9,160 premises in 955 acres, including areas in Withington and Whalley Range, were submitted to the Ministry of Housing and Local Government for confirmation, which was received in respect of one of the smaller areas and is awaited for the others. Four earlier orders were also confirmed, including the one for Didsbury with 1,181 acres and 6,299 premises, which will become operative in July, 1966. The survey of five other areas covering 1,878 acres and 13,916 premises was completed preparatory to the making of more orders and similarly the inspections commenced in two other proposed areas of 1,130 acres. In brief, 47 per cent of the City's area and 33 per cent of the premises are subject to smoke control orders, either operative or awaiting confirmation.

The amounts of smoke, as measured by the standard volumetric apparatus continued to decrease substantially at the sites in smoke control areas; although the ultimate benefit has to await the establishment of smoke control areas throughout the City, and in contiguous areas, the trend toward overall improvement is clear.

In the surveillance of the handling, storage or preparation of food for sale there were contraventions of the Food Hygiene (General) Regulations at fourteen catering establishments and seven retail shops necessitating court proceedings. Fines totalling £1,020 5s. were imposed with £121 5s. 6d. costs against the defendants. One street food trader was also fined £18 and £4 4s costs for offences under the Regulations. Concerning the sale of food by street traders, a new registration power under the Manchester Corporation Act, 1965, dealing with their vehicles and the premises where they are kept, will strengthen the existing provisions of the Corporation Act, 1946, whilst supplementing those of the Food Hygiene (General) Regulations. Similarly, a new requirement relating to the period of registration of street traders and obligatory notification of changes of address, will be of further assistance.

The requirements of the Offices, Shops and Railway Premises Act, 1963, generally were found either to be satisfied or were attended to without the necessity for court proceedings. In four restaurant premises, however, such action was necessary and resulted in fines totalling seven pounds. At an office and retail shop premises selling woodworkers' supplies, unsatisfactory conditions including an unguarded circular saw, also entailed prosecution with the imposition of fines

amounting to £12 and £5 5s. costs. The unsatisfactory conditions found to exist in the use of metallic mercury in a control room operating an electrically illuminated display sign, were voluntarily remedied by the management complying with a schedule prescribing structural improvements and changes in the working techniques.

Special attention was given to ensuring observance of the Regulations made under the Consumer Protection Act, 1961, prescribing requirements as to the non-inflammability of childrens' nightdresses. Visits were made to shops and market stalls for that purpose and in three instances vendors were formally cautioned.

Throughout their various duties, the public health inspectors made use of every opportunity to inform and convince those concerned of the public health significance of their particular responsibilities.

The training of the department's student public health inspectors continued either through the integrated "sandwich" scheme at the Royal College of Advanced Technology, Salford, or at the Technical College, Salford, the choice being dependent upon the particular preliminary general educational standards of the students. Seven students qualified and were appointed as inspectors. This intake continued to provide the essential source of the recruitment of inspectors but failed to compensate for the recurring losses on the resignations of other inspectors securing appointments elsewhere. The nett result was a total of 19 vacancies, representing a deficiency of approximately 23 per cent in the establishment of public health inspectors.

Having regard to the increasing pressure and scope of the duties of the inspectors and the need to make the most effective use of their services, additional technical assistants were appointed for certain housing, domestic smoke control and shops duties, supplementary to those of the inspectors.

The co-operative efforts of all the staff in dealing with the increasing amount and complexity of the work in the division is appreciated and recorded.

Inspections and visits

Water

To obtain samples of water for chemical and bacteriological examination	101
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Food supply

Restaurants and snack bars	916
Factory canteens	33
Bakehouses	195
Food preparation premises	497
Markets—sale of food	14
Shops—sale of food	1,472
Hotels, beerhouses and licensed clubs	610
Hawkers of food and storage premises	132
Dairies and milk shops for milk samples	351
Shops for other food and drugs samples	561
Shops, markets, etc.—sampling	1,055
Dairies and milk distribution premises	322
Pasteurizing and sterilizing plants	631
Hospitals, schools and day nurseries	320
Premises used for the manufacture of ice cream	350
Premises used for the sale of ice cream	571
Food delivery vans	17
Food vending machines	62

Smoke prevention

Works, etc.	2,997
Premises—survey for smoke control areas	37,680

Housing conditions

Primary inspections of dwelling-houses (Public Health Act, 1936, Housing Act, 1957, etc.)	21,123
Subsequent inspections of dwelling-houses.. .. .	19,893
Overcrowding	1,752
Re-housing—medical cases	1,748
Applications for certificates of disrepair, etc. (Rent Act, 1957)	49
Applications for improvement grants	800
Houses in multiple occupation	2,173
Common lodging houses	27
Caravan dwellings	377
Canal boats	41
Supervision of work in default	7,517

Occupational conditions

Homes of outworkers	1,453
Factories	994
Shops—Shops Act	1,424
Other business premises.. .. .	1,647
Offices, Shops and Railway Premises Act, 1963	1,126

Infectious disease

Primary visits after notification	981
Subsequent visits	155
Contacts	906
Food poisoning	512

General sanitary conditions

Burial grounds, exhumations, etc.	100
Cesspools, pailclosets, etc.	22
Cinemas, theatres, dance and billiard halls	112
Effluvium nuisances	586
Establishments for massage or special treatment	96
Export of washed rags and second-hand clothing	43
Hairdressers' and barbers' shops (Manchester Corporation Act, 1950)	198
Hospitals, nursing homes and agencies	59
Infirm persons	35
Land used for pleasure fairs	20
Land, refuse deposits, etc.	682
Noise	386
Offensive trades	39
Premises for the purpose of examination of drains	600
Piggeries	21
Public sanitary conveniences	30
Rag flock and other filling material	88
Railway stations	26
Rat infestation	8,522
Refuse tips	27
Sale of certain poisons (Pharmacy and Poisons Act, 1953)	169
Sanitary accommodation, etc., at parks	27
Sanitary accommodation, etc., at schools, churches	97
Slaughterhouses	31
Stables	7
Streets, passages, roadways and footpaths	773
Swimming baths	42
Verminous premises	188
Watercourses	62
Miscellaneous	10,802

Water Supply

Thirlmere and Haweswater in the Lake District are the principal sources of the City's water supply, augmented by supplies from the Longdendale Valley. Distribution of the supply is by trunk mains and service reservoirs with booster stations maintaining the pressure in the higher level districts.

This water has a low natural fluoride content, 0·1 parts per million as reported in the analyses by the Waterworks Department's laboratory. The Health Committee recommended that arrangements should be made for the natural fluoride content to be increased to the optimum level of one part per million, approved by the Ministry of Health as necessary for the prevention of dental caries in children. The City Council, however, disapproved the recommendation.

The results of the extensive sampling and analysis carried out by the Waterworks Department's laboratory, and a commentary on plumbosolvency, are reported in detail elsewhere in this report. In addition, public health inspectors obtained 51 samples for chemical analysis and 58 samples for bacteriological examination from dwelling-houses, business premises, canteens, hospitals and day nurseries.

Nineteen complaints of the quality of the supplies to particular premises were received. Ten of the complaints related to the presence of animalcules, four to discolouration, one to "peculiar taste" and four to the concern that the water had given rise to illness, but investigations and the laboratory examination of samples in each case did not support this. In all cases further samples were obtained and found to be satisfactory.

The Engineer and Manager of the Manchester Corporation Waterworks was informed of the complaints and of the results of the chemical and bacteriological examinations.

The reports of the Public Health Laboratory on the bacteriological examination of the samples are summarized in the following statement:—

Bacteriological examination of water samples from consumers' premises

District	No. of samples	Samples free from coliform bacteria	Faecal coli found		Non-faecal coli found		Service reservoir	Source
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.		
Ardwick	3*	2	1	1	1	1	Audenshaw/Denton	Longdendale/Haweswater
Baguley... ..	4	3	—	—	1	1	—	Haweswater/Thirlmere
Benchill... ..	1	1	—	—	—	—	—	Haweswater/Thirlmere
Beswick... ..	5	4	—	—	1	1	Audenshaw/Denton	Longdendale/Haweswater
Blackley	3	3	—	—	—	—	—	Haweswater
Burnage	2	2	—	—	—	—	Audenshaw/Denton	Longdendale/Haweswater
Cheetham	2	2	—	—	—	—	Heaton Park/Prestwich	Haweswater/Thirlmere
Chorlton-on-Medlock	2	1	—	—	1	1	Audenshaw/Denton	Longdendale/Haweswater
Chorlton-cum-Hardy	3	3	—	—	—	—	Audenshaw/Denton	Longdendale/Haweswater
Collyhurst	1	1	—	—	—	—	Heaton Park/Prestwich	Haweswater/Thirlmere
Crumpsall	5	4	—	—	1	1	Heaton Park/Prestwich	Haweswater/Thirlmere
Didsbury	1	1	—	—	—	—	Audenshaw/Denton	Longdendale/Haweswater
Fallowfield	1	1	—	—	—	—	Audenshaw/Denton	Longdendale/Haweswater
Gorton	1		—	—	—	—	Audenshaw/Denton	Longdendale/Haweswater
Hulme	2	1	—	—	1	1	Audenshaw/Denton	Longdendale/Haweswater
Longsight	5	4	—	—	1	1	Audenshaw/Denton	Longdendale/Haweswater
Moston... .. .	10†	5	3	7:3:1	5	7:5:1:1:2	—	Haweswater
Newton Heath ..	2	2	—	—	—	—	Godley	Haweswater
Northenden	4	4	—	—	—	—	—	Haweswater/Thirlmere
West Gorton ..	1	1	—	—	—	—	Audenshaw/Denton	Longdendale/Haweswater

All water chlorinated
*One sample contained both faecal and non-faecal coli.
†Three samples contained both faecal and non-faecal coli.

The Manchester Corporation Act, 1956, section 25, which provides more expeditious powers than are otherwise available to secure the restoration of an adequate water supply to dwellings, was applied by the department on the certification of the public health inspectors in respect of 704 houses. Additionally, the owners of 169 other houses attended to the necessary work on notification from the department. The circumstances requiring the restoration of supplies continued to include those where vandalism or theft of piping from vacated properties cut off the supply from other houses on a common pipe.

The Engineer and Manager of the Manchester Corporation Water-works supplied the following information concerning Manchester's water supply:—

The water supply to the area has been satisfactory both in quality and quantity.

Typical chemical analyses

Thirlmere and Haweswater

Analyses of waters from these lakes show the following results:—

	Thirlmere	Haweswater
pH value	6·3	6·7
Colour as p.p.m. platinum	10	16
Turbidity p.p.m. silica scale	0·9	1·2
	<i>(parts per million)</i>	
Total solids dried at 180°C.	26	38
Free acidity as CO ₂	5	3
Alkalinity as CaCO ₃	7	14
Total hardness as CaCO ₃	14	18
Chlorides as Cl ₂	7	6
Nitrates as N ₂	0·07	0·10
Nitrites as N ₂	nil	nil
Ammoniacal nitrogen as N ₂	0·03	0·02
Albuminoid nitrogen as N ₂	0·06	0·05
Oxygen absorbed test, 4 hours at 27°C.	0·80	1·10
Silica as SiO ₂	2	2
Iron as Fe	0·06	0·07
Manganese as Mn	0·02	0·01
Fluoride as F	0·10	0·10

Haweswater water is chlorinated at Garnett Bridge, about ten miles from the lake. This water is not plumbosolvent.

Thirlmere water is treated with lime at the reservoir to correct any tendency for plumbosolvency due to low pH and is sterilised by chloramination. Thirlmere supply receives a further dose of chloramine before going into supply in the City.

Thirlmere and Haweswater: distributed supplies

The results of analysis of a sample of the mixed supply taken in Manchester area:—

pH value	6·9
Colour as p.p.m. platinum	6
Turbidity p.p.m. silica scale	nil
	<i>(parts per million)</i>
Total solids dried at 180°C.	46
Free acidity as CO ₂	3
Alkalinity as CaCO ₃	17
Total hardness as CaCO ₃	22
Chlorides as Cl ₂	8
Oxygen absorbed 4 hours at 27°C.	14
Silica as SiO ₂	1·0
Iron as Fe	0·08
Manganese as Mn	0·01
Fluoride as F	0·10

The variation throughout the year from the levels recorded in the above sets of results was only very small.

Once again, Haweswater suffered from an outbreak of Asterionella which caused a slight increase in turbidity for a few weeks.

Longdendale raw water prior to treatment

This peaty water is subject to rapid and wide seasonal changes as indicated by the range of results shown:—

pH value	3.9	to	6.6
Colour as p.p.m. platinum	3	to	54
Turbidity p.p.m. silica scale	2	to	17
(parts per million)			
Total solids dried at 180°C.	51	to	64
Free acidity as CO ₂	3	to	10
Alkalinity as CaCO ₃	nil	to	8
Total hardness as CaCO ₃	25	to	35
Chlorides as Cl ₂	8	to	12
Oxygen absorbed 4 hours at 27°C.	0.65	to	3.45
Nitrates as N ₂	0.3	to	0.6
Nitrites as N ₂	nil		—
Ammoniacal nitrogen as N ₂	0.03	to	0.05
Albuminoid nitrogen as N ₂	0.03	to	0.10
Silica as SiO ₂	6	to	10
Iron as Fe	0.15	to	0.75
Manganese as Mn	0.11	to	0.23

Longdendale water now receives full chemical treatment at Arnfield and Godley before reaching the distribution system. At Arnfield, the treatment consists of pH correction with lime, coagulation using chlorinated copper as the main coagulant and chlorine—activated silica as the coagulant aid, followed by flocculation and sedimentation. Prior to Easter 1965, the main coagulant used was aluminium sulphate instead of copperas.

The settled water flows to Godley for manganese removal and rapid sand filtration. The pH of the settled water is increased to at least pH9 by the addition of more lime to precipitate the manganese and this is removed with any carry-over of copperas floc by sand filtration. The finished water passes into a covered reservoir prior to distribution.

Longdendale supply: distributed water

Samples taken from house taps.

Typical analyses

Date	August 8	September 21
Lab. No.	C.1471	C.1581
pH value	9.0	8.1
Colour p.p.m. platinum	2.2	3
Turbidity p.p.m. silica scale	nil	nil
(parts per million)		
Total solids	89	88
Free acidity as CO ₂	3	2
Alkalinity as CaCO ₃	10	10
Total hardness as CaCO ₃	51	53
Chlorides as Cl ₂	17	18
Oxygen absorbed test, 4 hours at 27°C.	0.68	0.58
Silica as SiO ₂	9	8
Iron as Fe	0.09	0.09
Manganese as Mn	0.01	0.06
Fluoride as F	0.10	0.10

Bacteriological investigations

Lakes, aqueducts and reservoirs

	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-faecal coli present	
			No. of samples	No. per 100 mls	No. of samples	No. per 100 mls
<i>Lakes</i>						
Haweswater	5	3	2	1	1	1
<i>Aqueducts</i>						
Thirlmere—						
Middlebrook Strainers	49	36	7	1-250	12	1-90
Middlebrook North Well	48	45	0	0	4	1-3
Longdendale—						
Raw water	49	5	22	1-17	26	1-160
Godley inlet	49	42	1	3	5	1-8
<i>Service reservoirs</i>						
Audenshaw No. 1	51	2	30	1-350	32	1-550
Audenshaw No. 2	50	2	22	1-350	31	1-550
Audenshaw No. 3	47	1	23	1-350	29	1-350
Audenshaw raw water	43	8	18	1-350	26	1-170
Denton No. 1	23	1	16	1-450	22	1-900
Denton No. 2	15	9	0	0	6	1-8
Godley outlet	49	49	0	0	0	0
Heaton Park	63	34	20	1-250	23	1-1,600
Prestwich	20	14	2	1-8	5	1-13

The water leaving each service reservoir, excluding Godley, is sterilised with chlorine or chloramine prior to distribution. The serious pollution of the Audenshaw and Heaton Park reservoirs is mainly caused by gulls.

Chlorinated supplies prior to distribution

	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-faecal coli present	
			No. of samples	No. per 100 mls	No. of samples	No. per 100 mls
Audenshaw	122	79	8	1-8	37	1-8
Denton	56	42	5	1-8	15	1-8
Godley	48	48	0	—	0	—
	226	169	13	1-8	52	1-8

The majority of the samples with contamination were obtained during January–February, 1965, when serious difficulty was experienced in maintaining a water free from chlorine taste, and yet with sufficient chlorine to overcome the side effects, i.e., lineola longa, of the gulls’ pollution.

Chlorinated supplies upon distribution

	Total number of samples	Samples free from coliform bacteria	Faecal coli present		Non-faecal coli present	
			No. of samples	No. per 100 mls	No. of samples	No. per 100 mls
Audenshaw or Audenshaw/Denton	493	412	14	1–5	80	1–250
Godley	290	279	1	35	10	1–35
Haweswater	346	300	34	1–5	28	1–35
Heaton Park	276	187	36	1–5	78	1–1,700
Thirlmere	697	639	9	1–35	54	1–25
Thirlmere + Haweswater ..	353	327	7	1–25	23	1–25
	2,455	2,144	91	—	273	—

All water supplies have been chlorinated continuously throughout the year. Aftergrowths of coliform bacteria have occurred in mains deposits and some samples have shown high counts of coliform after local mains disturbances.

A summary of bacteriological results for water entering the distribution system as well as distributed water is as follows:—

Total number of samples 2,681
 Samples free from all coli in 100 mls .. 2,313 86·3 per cent.
 Samples free from faecal coli in 100 mls .. 2,577 96·1 per cent.

The bacteriological quality of the distributed water has been maintained at a satisfactory standard throughout the year.

Plumbosolvency

The untreated Thirlmere and Longdendale waters are both plumbosolvent, but the chemical treatment applied before distribution renders each non-solvent.

Radioactivity in rain and drinking water

The radioactivity of rainfall and of water supplies from Longdendale and Haweswater have been determined since February, 1958.

Rainfall samples are collected over periods of 14–15 days; the containers are changed on the 1st and 15th of each month.

Weekly sampling points are from:—
 Longdendale raw water prior to treatment at Arnfield.
 Longdendale final water leaving Godley.
 Haweswater supply arriving at Manchester.

The results represent the gross beta activity expressed as “pico-curies” of ⁹⁰Sr/⁹⁰Y per litre.

The results for 1965 are summarised as follows:—

Source	Period	Radioactivity as pc/litre	
		Range	Average
Rainfall	1st quarter	28 to 440	180
	2nd quarter	26 to 289	96
	3rd quarter	12 to 81	47
	4th quarter	13 to 40	25
Longdendale raw water	1st quarter	10 to 15.9	12.5
	2nd quarter	5.5 to 11.6	10.1
	3rd quarter	3.7 to 10.2	8.2
	4th quarter	5.4 to 9.2	7.6
Longdendale final water	1st quarter	4.7 to 7.4	6.3
	2nd quarter	4.2 to 7.4	5.6
	3rd quarter	3.3 to 7.8	4.9
	4th quarter	1.3 to 5.4	4.0
Haweswater	1st quarter	3.5 to 13.4	10.4
	2nd quarter	6.5 to 11.9	10.2
	3rd quarter	4.3 to 11.1	9.2
	4th quarter	4.2 to 8.8	6.3

The rainfall for the above quarters measured at Denton amounted to 5.40, 7.71, 14.71 and 12.42 inches respectively.

The small amount of radioactivity in the Manchester water supply continued to fall gradually, as was expected after the cessation of nuclear weapon testing.

Action taken in respect of any form of contamination

If the cause of contamination is in the distribution system, the source of contamination is traced and then removed by flushing or other mechanical means. If the contamination has created a bacteriological problem, then the main is resterilized. The main is not put back into service until satisfactory bacteriological samples have been obtained.

Food Supply

The following Regulations dealing with the safety, purity and quality of food became operative during the year.

The Dried Milk Regulations, 1965, became operative on 11th March, 1965, substantially re-enacting in a consolidated and revised form the Public Health (Dried Milk) Regulations, 1923 to 1948. The changes were based on the recommendations of the Food Standards Committee in its report on dried milk.

The Eggs (Marking and Storage) Regulations, 1965, which became operative on 1st June, 1965, replaced in amended form the Agricultural Produce (Grading and Marking) (Eggs) Regulations, 1936, with requirements as to the marking of eggs which have been preserved or which are placed in cold storage or chemical storage and the manner of registering premises used for such storage.

The Milk (Special Designation) (Amendment) Regulations, 1965, which came into operation on 1st October, 1965, amended the Milk (Special Designation) Regulations, 1963, to introduce a new special designation, viz. "Ultra Heat Treated", being milk processed by the ultra high temperature method, i.e. heated to not less than 270°F for not less than one second. That milk will be required to satisfy a prescribed colony count test.

Hygiene

In the course of the total number of 3,763 inspections made of food premises conditions commonly were found to satisfy the requirements of the Food Hygiene (General) Regulations, 1960, dealing with the storage, handling and preparation of food. The department's experience is that failure to comply with the Regulations have been more often related to general requirements for the cleanliness and repair of food rooms, the satisfactory temporary storage of waste and the cleanliness of equipment, than the need for the provision of facilities. The persons carrying on the food businesses at 300 premises were cautioned and unsatisfactory conditions at fourteen catering premises and seven shops were the subject of prosecutions with fines totalling £1020. 5. 0 and £121. 5. 6 costs. Additionally, one street food trader was fined £18. 0. 0 with £4. 4. 0 costs on his failure to comply with the Regulations.

In the absence of an obligatory requirement as to the notification or registration of a food premises, unless engaged in the preservation of food in accordance with section 16 of the Food & Drugs Act, 1955, or in the production or sale of milk or ice cream, and the continual handicap of a seriously depleted establishment of public health inspectors, the compilation of an accurate record of the distribution and details of all food premises throughout the City has not been practicable. It is considered, however, that the following is a reasonably correct statement of the numbers and the trades concerned:

Food retailers

Grocers and provision dealers	..	..	..	..	2,000
Sweets, chocolates, etc.	..	..	..	..	900
Greengrocers and fruiterers	..	..	..	..	560
Butchers	..	..	..	..	540
Bread and flour confectioners	..	..	..	..	200
Fishmongers, poulterers	..	..	..	..	54
Off-licences	..	..	..	..	160

Catering establishments

Public houses	..	..	..	..	900
Restaurants, cafes and snack bars	..	..	..	..	680
Licensed clubs	..	..	..	..	340
Fried fish and chipped potatoes	..	..	..	..	270
Staff and factory canteens	..	..	..	..	370
Hotels and boarding houses	..	..	..	..	130
School meals service, day nurseries and institutions	200
Social clubs	197

<i>Food factories</i>	220
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Total	7,721
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Street traders dealing with the sale of food and the premises they use for the storage of food are required by the Manchester Corporation Act, 1946, section 41, to be approved and registered with the Corporation. Further, as from 28th February, 1966, the Manchester Corporation Act, 1965, section 14, requires that the vehicles and the premises at which they are kept when not in use also shall be approved and registered.

Additionally, section 38 of the Corporation Act, 1965, administered by the City Police, in providing for registered street traders to notify changes of addresses and for the period of registration to be that of three years, unless otherwise revoked, will also enable this department to maintain a more accurate register than has previously been possible. Thus, although the number of persons registered during the year further increased to 1,119 the actual number trading is considered to be considerably less. Seventeen persons applied for registration under the Corporation Act, 1946, and were approved.

The Manchester Corporation Act, 1954, section 61, requires that premises used for the slaughtering or dressing of poultry shall be licensed by the Corporation. Twenty-six premises are so licenced and although in some instances unsatisfactory conditions were found they were promptly remedied without the necessity for formal action.

By arrangement with the City Architect's department plans of new buildings, submitted for building byelaw approval and related to proposed food businesses, continued to be forwarded for scrutiny and recommendations. One hundred and twenty-seven were so dealt with.

Food poisoning

There were 128 cases of food poisoning investigated, 77 of which were not confirmed bacteriologically: the cases unconfirmed comprised eight single cases, one outbreak involving 54 cases and five family outbreaks relating to 15 cases. Of the remaining 51 confirmed cases, 15 were single cases, 24 occurred in two outbreaks and twelve in three family outbreaks.

Salmonella typhimurium was again the predominant causative organism, occurring in 24 cases: *S. stanley* accounted for 11 cases: *S. livingstone* was found in seven cases and *anatum*, *blockley*, *brandenburg*, *enteritidis*, *heidelberg*, *oranienberg*, and *thompson* respectively in each of seven cases. In two instances the type of *Salmonella* was not identified.

No cases were found to be due to *Clostridium welchii*, *Staphylococcus aureus* or chemical agents.

In one of the outbreaks caused by *Salmonella typhimurium*, phage type 15A, there were 15 cases and two symptomless excretors at twelve homes. The focal point of the infection was a local pork butcher's shop.

Paratyphoid

The notification of 83 Manchester residents as possibly having been subject to infection with *Salmonella paratyphi B*, phage type 3B var. 6, when on holiday in the Fylde area of Lancashire during July and August, was investigated. An outbreak of paratyphoid fever which had occurred in that area was considered to have arisen from the distribution of infected untreated milk from a particular farm.

The investigations at the homes of the contacts in Manchester resulted in 14 cases and 18 symptomless excreters being confirmed following the examination of specimens at the Public Health Laboratory. Those engaged in the food trade, and infected school children, were excluded from their employment or school attendance until they were considered to be free from infection. Meanwhile they were advised on the observance of measures to prevent the spread of infection. No secondary case was known to occur in the City.

Another outbreak of *S. paratyphi B*, phage type 3A var. 4 occurred following a family of four (one case and three symptomless excreters) from Manchester having previously visited relatives in Eire for three weeks. Investigation of the relatives by the local authority in Eire revealed strong presumptive evidence of the source of infection having been one of the relatives who had previously been found to be a symptomless excreter of the causative organism.

Five other isolated cases of paratyphoid fever were notified. One case was not confirmed bacteriologically; in another no information was available as to the phage type but it was considered that it could have been connected with the large outbreak of paratyphoid fever in the Fylde area; another was that of a man, 85 years of age, who died two months after admission to hospital when the cause of death was certified as being (1) cerebral thrombosis, (2) paratyphoid; the fourth case concerned a University student who had been on holiday in Turkey and from whom the examination of faeces revealed *S. paratyphi B*; the fifth case occurred in an adult female immigrant from Pakistan who, 10 days after arriving at London Airport and being domiciled in Manchester, was removed to an isolation hospital when *S. paratyphi A* (a type rarely met with in this country) was isolated from faeces and blood culture.

Pasteurized liquid egg

There are no premises in Manchester where liquid egg is being pasteurized. Fifty samples of pasteurized liquid egg from English, Commonwealth and foreign sources were obtained at bakeries in Manchester and submitted to the laboratory for the prescribed alpha-amylase test as required by the Liquid Egg (Pasteurization) Regulations, 1963. All the samples satisfied the test. The significance of the presence of sugar to the reliability of the standard alpha-amylase test for sweetened pasteurized liquid egg, necessitated the bacteriological examination of three samples of liquid egg sold as pasteurized, with sugar added. No organisms of the *Salmonella* group were found. One sample of egg albumen from Eire was similarly examined and not found to contain those organisms.

Alginate pads

Immersion of alginate pads in the five points of the drainage system at the City Abattoir was continued. Twenty-three pads were collected and *Salmonella* organisms were found in ten as follows: *dublin*, (7), *typhimurium* (1) *butantan* (1) and *enteriditis* (1).

Milk and ice cream control

In carrying out the duties directed to ensure the safety and purity of milk the regular inspection of dairies, equipment and methods of milk distribution was maintained and milk samples were submitted to the Public Health Laboratory for bacteriological and biological examination. Similar measures were also taken in respect of the manufacture and sale of ice cream.

Particular attention was directed to the general cleanliness of dairy premises and generally a high standard was found to be maintained. In no instance was it necessary to institute legal proceedings. Frequent inspections and checking of the six licensed pasteurizing plants and five licensed sterilizing plants were carried out; of 429 samples of milk taken at the dairies and on the road whilst the milk was in course of delivery only six (1·4 per cent) failed to pass the prescribed tests laid down by the Ministry. Although they satisfied the phosphatase test for efficiency of heat treatment they failed to pass the $\frac{1}{2}$ -hr methylene blue test for keeping quality. Investigations carried out at the three dairies concerned were inconclusive but repeat samples were satisfactory.

In the last quarter of the year one of the six licensed pasteurizing establishments ceased operation and the licence was cancelled. There are 2,208 milk distributors registered in the City, each holding the appropriate designated milk licence as required by the Milk (Special Designation) Regulations, 1963.

Prescribed Test of Pasteurized and Sterilized Milks

Place of collection and samples	No. of samples examined	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Pasteurizing plant at dairy	67	67	100·0	— ..	—
Hospitals	81	78	96·3	3	3·7
Schools	48	46	95·8	2	4·2
Day nurseries	46	46	100·0	—	—
On road during distribution	187	186	99·5	1	0·5
Totals	429	423	98·6	6	1·4

Brucella abortus

Thirty-six samples of “farm bottled, untreated milk” retailed in the City and produced at seven farms in Cheshire and four in Lancashire (including two City farms) were examined at the Public Health Laboratory for the presence of *Brucella* organisms, with the following results:

Untreated milk samples examined for the presence of *Brucella* organisms

Producers	No. of samples taken	Milk Ring Test					Culture		Biological
		Negative	+	++	+++	++++	Negative	Positive	Positive
A	9†	1	—	—	6†	2	9†	—	2†
B	2	—	2	—	—	—	2	—	—
C	4	2	2	—	—	—	4	—	—
D	5*	3*	2	—	—	—	5*	—	—
E	4	—	1	1	—	2	4	—	1
F	3	1	1	—	—	1	3	—	—
G	1	—	—	—	—	1	1	—	—
H	3	2	1	—	—	—	3	—	—
I	3	—	3	—	—	—	3	—	—
J	1	—	1	—	—	—	1	—	—
K	1	1	—	—	—	—	1	—	—
Totals	36†*	10*	13	1	6†	6	36†*	—	3†

† Two of these samples were from one consignment.
 * Three of these samples were from one consignment.

The positive biological results of the three samples, two being from one consignment, were from supplies from two different producers and the County Medical Officer of Health was notified by the department. On the two Manchester dairies concerned also being notified by the department, one ceased to take supplies from the particular producer and the other pasteurized the supply received until it was reported free from infection. Subsequently this dairy ceased to distribute farm bottled untreated milk in the City.

Milk supply to hospitals, schools and day nurseries

The frequent examination of samples of pasteurized milk supplied to various hospitals, schools and day nurseries in the City continued to find that a uniform high standard of quality and cleanliness was maintained.

Bi-monthly visits were made to the Langho Epileptic Colony, and all samples of the pasteurized supply taken for bacteriological examination and chemical analysis satisfied the prescribed tests and were of very good quality. Samples of the untreated milk from the dairy herd prior to dispatch for pasteurization were also taken for chemical analysis and examination for the presence of tubercle bacilli and organisms of the *Brucella* group. In no instance was the milk found to be infected and the quality was of a high standard.

General

A small number of complaints were made to the department regarding the condition of milk bottles. The circumstances were investigated and the dairies concerned cautioned. In two instances, however, relating to the presence of a garden slug in a full bottle of milk, and small beetles and grubs in another bottle, legal proceedings were instituted against the dairymen concerned who were fined £5 with £5. 5s. costs and £10 respectively.

No infection attributable to milk occurred.

Ice cream

During the year twenty premises were registered for the sale of ice cream, 19 being new registrations and one a change of occupier of premises already registered. The total number of premises registered in the City for the manufacture and/or sale of ice cream is 2,551.

Practically all the ice cream sold from these premises is pre-packed and is stored in totally enclosed automatic cabinet refrigerators.

Regular inspections of ice cream premises found the general standard of cleanliness to be good. In no instance was it necessary to institute legal proceedings. In one instance, however, a vendor was cautioned following a complaint to the department a piece of metal having been found in ice cream sold by him.

Fourteen samples of ice cream were taken for bacteriological examination. Twelve (85.72 per cent) were placed in grade I, one (7.14 per cent) in grade 2, none in grade 3 and one (7.14 per cent) in the lowest grade, grade 4. Investigation at the factory in which the grade 4 sample had been produced did not elicit the cause of the unsatisfactory result and a subsequent sample was grade 1.

Twelve samples of ice cream were obtained for chemical analysis and found to be satisfactory.

No infection was found or reported to the department as being attributable to ice cream.

Food and drugs adulteration

The number of samples of food and drugs totalled 2,362 of which 950 were of milk including eight "Appeal to Cow" samples; 691 of the milk samples were procured during retail distribution and on delivery to hospital, schools and day nurseries. With one exception all conformed to the standard prescribed by the Sale of Milk Regulations, 1939. The exception was an informal sample of sterilized milk which contained a small percentage of extraneous water. An investigation at the dairy failed to elicit the reason for the infringement but further samples were satisfactory.

114 samples of milk were taken from producers' consignments to City dairies.

Two informal samples from one consignment contained added water but subsequent formal samples were genuine. Nine formal samples from two consignments contained a small amount of added water. The producers were cautioned and further samples were genuine. Twenty-one samples from three consignments were found to be substantially adulterated and legal proceedings resulted in fines and costs totalling £60. 2s.

Three samples found to be below the presumptive standard for fat formed part of consignments satisfying that standard.

Two other samples, although not complying with the presumptive standard for fat and solids other than fat, were adjudged genuine after being submitted to the Hortvet freezing point test.

Ninety-four samples were obtained of the milk produced by the herd at the Langho Epileptic Colony farm and although five samples were below the presumptive standard for fat they formed part of consignments satisfying the standard. In addition, 43 samples were taken of pasteurized milk received at the colony and all were satisfactory.

A total of 1,412 samples of other food and drugs were obtained and submitted to the Public Analyst for examination. Fourteen samples in which adulteration or irregularity was found were as follows:

There was unsatisfactory labelling of eight pre-packed commodities; bottled rhubarb, canned fruit salad, canned vegetables, canned vegetable salad, chocolate, cooking fat, vinegar and mixed cereals. In each case the manufacturer or packer was cautioned.

Informal samples of canned ginger beer and canned lemonade contained lead in excess of the amount permitted by the Lead in Food Regulations, 1961, and the stocks were destroyed.

Formal samples of rum and vodka contained added water and the licensee was fined £50 with £5. 5s. costs.

The vendor and the manufacturer were cautioned in connection with an informal sample of Indian brandy which was found to be devoid of ethyl nitrite. It was evident that the form of bottle seal in use had allowed the ethyl nitrite to evaporate and a new effective type of seal was adopted.

A soft drink powder contained an artificial sweetener which is permitted in soft drinks as such, but not in soft drink powders and the manufacturers undertook to make the appropriate deletion in the production of the powder.

A number of complaints were received from private purchasers of food with regard to quality or the presence of extraneous matter. Legal proceedings were instituted on six occasions, three concerning the unsound condition of the particular foods; the remaining three relating to the presence of pieces of metal in bread in two instances and of ptinidae beetles in a packet of soup powder resulting in fines and costs totalling £112. 8. 6d. The remaining instances were dealt with by cautions.

The Condensed Milk Regulations, 1959
Public Health (Dried Milk) Regulations, 1923 to 1948
The Dried Milk Regulations, 1965

Forty-three samples of pre-packed condensed and dried milk were submitted to the Public Analyst for examination and the quality and labelling requirements of the Regulations were found to be complied with.

The Food Standards (Ice Cream) Regulations, 1959

All samples of ice cream submitted for analysis complied with the prescribed standard.

The samples of food and drugs which failed to meet the requirements of Food and Drugs Regulations or Orders are detailed in the following tabular statement:—

[illegible]

* Includes 8 informal samples and 2 formal samples adjudged genuine by average fat of consignments and Hortvet Freezing point test.

Smoke Prevention

In the control of industrial smoke, fifteen contraventions of the Clean Air Act, 1956, were dealt with; fourteen were concerned with the prohibition of dark smoke and one with the abatement of a smoke nuisance from the burning of waste material on land. There was also one contravention of the Manchester Corporation Act, 1946, section 35, which prohibits the emission of smoke in the central area of the City. Compared with these sixteen contraventions there were eighteen in 1964, twenty in 1963 and twenty-five in 1962.

Three prosecutions were concerned respectively with the unsatisfactory firing of coal in a vertical cross tube boiler (fined £2), wood waste in a sectional boiler (fined £10), and coal in a mechanically fired Lancashire boiler (fined £5). In the latter case, after a review of the technical operation of the boiler plant, the management reported a four ton reduction in the weekly fuel consumption.

In thirteen instances of householders contravening smoke control orders by the emission of smoke from burning coal, the offenders were cautioned and further observations did not reveal any recurrence.

Smoke emissions reported to the Health Committee

Cause of emission	Action taken		Totals
	Caution	Prosecution	
Unskilled firing	7	1	8
Unsuitable fuel	1	2	3
Insufficient secondary air	1	—	1
Underloading and unskilled firing	1	—	1
Overloading of incinerator	1	—	1
Burning of old cars in open yard	1	—	1
Burning of waste wood in smokeless zone	1	—	1
Totals—industrial	13	3	16
Burning of coal in domestic grates in smoke control areas	13	—	13
Totals—all causes	26	3	29

The total amount of penalties and costs awarded was £20 3s.

Timed observations recording smoke emissions

	Number	Total amount of dark smoke in minutes
Infringement of the Clean Air Act	16	309½
Dark smoke but not infringement of the Clean Air Act	165	349¼
No dark smoke	596	—
Totals	777	658¾

The emission of dense fume and dust from a hot blast cupola, scheduled under the Alkali etc. Works Regulations Act, was the subject of particular concern, especially having regard to the close proximity of the plant to the central area of the City where the emission of smoke is prohibited by the Manchester Corporation Act, 1946, section 35. The circumstances were discussed with H.M. Chief Alkali Works Inspector, and official representation was made by the City Council to the Minister of Housing and Local Government to expedite the application of stringent fume and dust control measures to the furnace.

Notification and prior approval of furnace installations

Section 3 of the Clean Air Act, 1956, requires notification to the Corporation of intention to install any furnace (with a rated capacity of 55,000 or more British Thermal Units per hour), and includes the provision that no furnace shall be installed unless it is, so far as practicable, capable of being operated continuously without emitting smoke when burning fuel of a type for which the furnace was designed. Similar provisions are included in the Manchester Corporation Acts, 1946 and 1950, sections 36 and 42 respectively.

The number of plans and specifications received for examination was 321, compared with 355 last year, and included notifications of the intention to install oil burning equipment as required by byelaws made under the Manchester Corporation Act, 1958, section 36.

The submission of proposals for “prior approval” by the Corporation is not obligatory but 132 furnace installations were so approved, compared with 124 in the previous year.

The policy of the City Council, in addition to the control of smoke, continued to be directed to securing a reduction in the emission of oxides of sulphur to the atmosphere. Thus, where oil is used for heating Corporation buildings, its use is restricted to grades with a sulphur content not exceeding one per cent., and when oil-firing is proposed in privately owned plant the developers are invited to observe this standard. Although with large plant the high operating costs generally preclude the use of light oils, often there is co-operation to the extent of using oil with a lower sulphur content than initially intended.

The type of fuel to be used in boiler plants to which prior approval was granted was as follows:—

<i>Fuel</i>					<i>Total installations</i>				
Oil	35 second viscosity	..	..	..	..	..	..	..	79
”	160	”	”	..	..	..	..	..	1
”	200	”	”	..	..	..	..	..	10
”	950	”	”	..	..	..	..	..	2
”	2,500	”	”	..	..	..	..	..	1
”	3,500	”	”	..	..	..	..	..	6
Coal	..	..	..	..	..	..	..	..	1
Coke	..	..	..	..	..	..	..	..	8
Gas..	..	..	..	..	..	..	..	..	23
Total									131

One gas-fired incinerator installation was also approved.

Seventeen of the installations were in dwellings, sixteen in smoke control areas; the fuels were oil (35 seconds) in four, coke in six and gas in seven installations.

Proposals for the erection of 121 new chimneys were examined and approved, under the provisions of section 10 of the Clean Air Act, 1956, as being of sufficient height to prevent, so far as practicable, emissions from becoming prejudicial to health or a nuisance. In 49 instances proposals included the connection of new furnace installations to existing chimneys and in eleven arose from a change to alternative fuel in existing installations. In each case the height of the existing chimney in relation to the new usage was examined. One existing chimney was found to be too low and a new chimney of adequate height was provided.

Smoke control areas

Five smoke control orders relating to Withington, Radnor Street, Tamworth Street and Junction Street, Hulme, and Whalley Range, dealing with 955 acres and 9,160 premises were made and submitted to the Minister of Housing and Local Government for confirmation. Confirmation was received for the Junction Street order to become operative in June, 1966. In addition, confirmation was received in respect of four orders dealing with Didsbury, 1,181 acres and 6,299 premises to become operative in July, 1966; and Heaton Park, Renshaw Street (Hulme) and Nelson Street (Miles Platting) relating to a total of 740 acres and 1,439 premises; the three latter orders becoming operative in October, 1965.

Five further areas, of 1,878 acres with 13,916 premises (12,843 dwellings), were surveyed preparatory to the making of smoke control orders, and the survey was commenced in two other proposed areas of about 1,130 acres.

Approximately 47 per cent. of the total area and 33 per cent. of the premises in the City are subject to smoke control orders confirmed or awaiting confirmation.

Recording of atmospheric pollution

The standard volumetric apparatus measured the smoke and sulphur dioxide pollution of the atmosphere at eight sites within the City, as shown in the tabular statement on the daily averages in microgrammes per cubic metre.

Whilst variations in meteorological factors, such as rainfall, wind speed and direction and the proximity of areas not yet subject to smoke control orders, can affect the validity of comparisons between the pollution measurements of successive years, at different sites there is an obvious trend of improvement in the reduction of pollution. This is most noticeable in the first major smoke control area at Wythenshawe, where the smoke control orders became operative in November, 1961, and July, 1962, and the measured amount of smoke has been reduced by approximately 66 per cent. since 1959 and of sulphur dioxide by eleven per cent. since the measurement of that pollutant commenced in 1962.

Three deposit gauges continued to be used for the measurement of deposited pollution at three other sites, one in an industrial area (Philips Park), another in a mainly residential area (Rusholme), neither of which are yet subject to smoke control orders, and the third, for comparative purposes, outside the City in the semi-rural area of Styal. These measurements, being essentially concerned with deposited material from sources in the immediate vicinity, are limited in their significance to measurement of the overall atmospheric pollution of an area. The amount of the total solids shows little change compared with the five yearly average.

BEFORE AND AFTER
Cleaning the Town Hall stonework in March 1966,
after more than 80 years of air pollution.





Volumetric apparatus for smoke and sulphur dioxide
Daily averages—microgrammes per cubic metre

Station No.	9 Rusholme			10 Brownley Green			11 Central			13 Withington			14 Miles Platting			15 Clayton			16 Springfield			17 Wythenshawe Centre		
	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio	Smoke	So ₂	Ratio
1959 ..	332	287	1.15	242	—	—	284	366	.77	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1960 ..	316	278	1.13	229	—	—	286	373	.76	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1961 ..	290	271	1.07	198	—	—	220	354	.62	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1962 ..	318	309	1.03	123	168	.73	243	383	.63	245	226	1.08	—	—	—	—	—	—	—	—	—	—	—	—
1963 ..	282	281	1.0	107	159	.67	214	313	.68	211	202	1.04	299	341	.88	292	290	1.0	325	311	1.04	97	124	.78
1964 ..	304	261	1.17	97	139	.7	207	297	.7	150	170	.88	—	302	—	312	288	1.08	250	223	1.12	100	140	.71
1965 ..	216	298	.73	82	151	.54	139	283	.49	98	175	.56	171	279	.61	208	276	.75	180	236	.76	79	147	.53

Deposited atmospheric pollution
(Grams per 100 sq. metres)

Monthly averages together with the averages for the previous five years

Station	Rainfall (mm)		Insoluble matter		Soluble matter		Total solids	
	1965	Five yearly average	1965	Five yearly average	1965	Five yearly average	1965	Five yearly average
Philips Park ..	75	71	725	783	394	379	1119	1162
Rusholme ..	71	67	416	429	317	302	733	731
Styal.. ..	66	63	105	127	214	196	319	323

Housing Conditions

Clearance areas

*Bradford Road Housing Compulsory Purchase Orders
Numbers 1 and 2, 1957*

One vacated house was demolished.

Rusholme Road Housing Compulsory Purchase Order, 1959

One family was rehoused by the Corporation.

City Road Housing Compulsory Purchase Order, 1961

One vacated house was demolished.

Lodge Street, Collyhurst, Housing Compulsory Purchase Orders, Nos. 1 to 3, 1961

Two vacated houses were demolished and two families found their own accommodation.

Rutland Street, Hulme, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1961

Six vacated houses were demolished and one family found their own accommodation.

Livesey Street, Hugh Oldham, Housing Compulsory Purchase Orders, Nos. 1 to 3, 1962

The eleven vacated houses remaining in Orders Numbers 1 and 3 were demolished; one family was rehoused by the Corporation and three families found their own accommodation.

Nelson Street, Miles Platting, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1962

The rehousing of families and the demolition of vacated houses continued; five families were rehoused by the Corporation and 68 families found their own accommodation; 453 vacated houses were demolished.

Vine Street, Hulme, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1962

The rehousing of families and the demolition of vacated houses continued; two families were rehoused by the Corporation and 35 families found their own accommodation; 375 vacated houses were demolished.

Thomas Street, West Gorton, Clearance Orders, Nos. 1 to 3, 1962

Thomas Street, West Gorton, Housing Compulsory Purchase Orders, Nos. 1 to 3 1962

The rehousing of families and the demolition of vacated houses continued; 23 families were rehoused by the Corporation and 57 families found their own accommodation; 453 vacated houses were demolished.

Radnor Street, Hulme, Housing Compulsory Purchase Orders, Nos. 1 to 3, 1963

The City Council was directed by the Minister to make a further nine payments under section 60 of the Housing Act, 1957, for well-maintained houses. There were 691 families rehoused by the Corporation and 114 families found their own accommodation; 799 vacated houses were demolished.

Fenwick Street, Hulme, Housing Compulsory Purchase Order, 1963

Sixteen additional well-maintained payments were directed by the Minister for houses included in the Order as confirmed. The demolition of the vacated houses began in January, 1965; 391 families were rehoused by the Corporation and 92 families found their own accommodation; 413 vacated houses were demolished.

Tamworth Street, Hulme, Housing Compulsory Purchase Orders, Nos. 1 to 3, 1963

The Minister directed the City Council to make 17 further payments under section 60 of the Housing Act, 1957, in respect of well-maintained houses. The rehousing of the occupants of houses commenced in April, 1965, and demolition of vacated houses started in August, 1965. There were 759 families rehoused by the Corporation and 60 families found their own accommodation; 399 vacated houses were demolished.

Junction Street, Hulme, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1964

The City Council were directed to make 29 further payments under section 60 of the Housing Act, 1957, in respect of well-maintained houses. The rehousing of the occupants of houses commenced in April, 1965. 561 families were rehoused by the Corporation and 40 families found their own accommodation; 220 vacated houses were demolished.

Ellesmere Street, Hulme, Clearance Orders Nos. 1 and 2, 1963

Ellesmere Street, Hulme, Housing Compulsory Purchase Orders, Nos. 1 to 3, 1963

The Minister confirmed the Orders on 7th January, 1965, subject to the transfer of four licensed premises, four houses and four other premises from Part I to Part II of the Orders. The City Council was directed to make payments under section 60 of the Housing Act, 1957, for 73 well-maintained houses. The five houses in the two Clearance Orders had been demolished by the owners and no action was taken by the Minister in connection with these Orders. There were 63 unfit houses demolished and 264 families were rehoused by the Corporation; 15 families found their own accommodation.

York Street, Hulme, Housing Compulsory Purchase Order, 1964

The rehousing of families and the demolition of vacated houses continued; six families were rehoused by the Corporation. Seven vacated houses were demolished.

Welcomb Street, Hulme, Housing Compulsory Purchase Order, 1964

This Order was confirmed by the Minister on 7th January, 1965. One licensed premises, three houses and shops and one office and store were transferred from Part I to Part II of the Order and payments under section 60 of the Housing Act, 1957, were directed for eight well-maintained houses. Two unfit houses were demolished and 35 families were rehoused by the Corporation.

Loxford Street, Hulme, Housing Compulsory Purchase Order, 1964

The Loxford Street, Hulme, Housing Compulsory Purchase Order, 1964, was confirmed by the Minister on 4th February, 1965, subject to the transfer from Part I to Part II of the Order of two licensed premises and ten other properties, and payment under section 60 of the Housing Act, 1957, for ten well-maintained houses. There were 46 unfit houses demolished and 110 families were rehoused by the Corporation. Seven families found their own accommodation.

Chancellor Lane, Ardwick, Clearance Orders Nos. 4 and 5, 1964

Chancellor Lane, Ardwick, Housing Compulsory Purchase Order, 1964

The Minister confirmed the Compulsory Purchase Order and Clearance Orders on 8th February, 1965. Six premises, including three licensed premises were transferred from Part I to Part II of the Compulsory Purchase Order and well-maintained payments under section 60 of the Housing Act, 1957, were directed for 20 houses. One property in Clearance Order No. 5 was excluded; the Minister ruled that it had lost its identity as a house. There were 112 unfit houses demolished and 202 families were rehoused by the Corporation. 17 families found their own accommodation.

Garston Street, Ardwick, Housing Compulsory Purchase Order, 1964

There were 132 unfit houses demolished and 114 families were rehoused by the Corporation.

Syndall Street, Ardwick, Housing Compulsory Purchase Order, 1964

The Compulsory Purchase Order was confirmed by the Minister of Housing and Local Government on 30th March, 1965. Seven licensed premises, seven houses and shops, three houses, one private hotel and a transport hostel were transferred from Part I to Part II of the Order and a direction was given for payments to be made in respect of 77 well-maintained houses. Eight unfit houses were demolished and 178 families were rehoused by the Corporation.

Dantzic Street Clearance Orders, Nos. 1 to 3, 1964

All the houses included in Clearance Order No. 2 were demolished and 15 families were rehoused from the premises in Order No. 3. Two families found their own accommodation.

Collyhurst Road Clearance Orders Nos. 1 to 3, 1964

A further nine families were rehoused by the Corporation and one family found their own accommodation. Six vacated houses were demolished.

Gibson Street, Ardwick, Housing Compulsory Purchase Orders Nos. 1 and 2, 1964

A public local inquiry was held on the 23rd March, 1965, by the Ministry's Inspector (Mr. S. J. Parnell, B.Sc.(Eng.) A.M.I.C.E.) to hear objections by the owners of 162 houses in Order No. 1, and the owners of 212 houses in Order No. 2.

The Minister confirmed the two Orders on 5th August, and 24th August, 1965, respectively. Four premises, considered to be no longer houses, and 26 other houses were transferred from Part I to Part II of the Order. Two houses, two licensed premises and one property having lost its identity as a house were transferred from Part I to Part II of the Order. The Minister directed the City Council to make payments under section 60 of the Housing Act, 1957, in respect of a total of 241 well-maintained houses. Nine unfit houses were demolished and 13 families were rehoused.

Kay Street, Openshaw, Housing Compulsory Purchase Order, 1965

A Compulsory Purchase Order was made on 29th March, 1965, to deal with the 178 houses in the Clearance Area. At a public local inquiry held on 3rd August, 1965, objections were heard from the owners of 73 houses. The Order was confirmed by the Minister on 16th November, 1965, subject to the transfer from Part I to Part II of three premises considered not to be unfit for human habitation and payments were made under section 60 of the Housing Act, 1957, for 19 well-maintained houses. Two unfit houses were demolished.

Harlston Street, Openshaw, Compulsory Purchase Order, 1965

This Order was made by the City Council on 29th March, 1965. Objections were made in respect of seven properties, and a public local inquiry was held on 13th July, 1965. The Minister's Inspector (Mr. A. S. Barnes, F.R.I.B.A., Dip.Arch.) reported his findings and the Order was confirmed by the Minister on 31st August, 1965. There were no exclusions, two premises were transferred from Part I to Part II of the Order and payments were directed under section 60 of the Housing Act for six well-maintained houses. Five families were rehoused by the Corporation.

Carlisle Street, Beswick, Compulsory Purchase Order, 1965

An Order for the compulsory purchase of the lands in the Carlisle Street, Beswick, Clearance Areas was made on 29th March, 1965. A public local inquiry was held on 11th August, 1965, by the Ministry's Inspector (Mr. R. H. Heath, A.R.I.C.S., A.M.T.P.I., DIP.T.P.) to hear objections submitted by the owners of 55 out of the total 337 houses included in the Order. It is the Corporation's intention to develop the land for industrial purposes.

The Order was confirmed by the Minister on 14th December, 1965. There were no exclusions, 18 properties including one licensed premises were transferred from Part I to Part II of the Order and the City Council was directed to make payments under section 60 of the Housing Act, 1957, for seven well-maintained houses. One unfit house was demolished and one family rehoused by the Corporation.

Beaumont Street, Beswick, Housing Compulsory Purchase Order, 1965

A Compulsory Purchase Order was made on 24th May, 1965, in respect of the 461 houses in the Clearance Areas. Following the Corporation's application to the Minister of Housing and Local Government for confirmation of this Order, objections were lodged by the owners of 114 dwellinghouses and 26 premises partly used for business. A public local inquiry was held on 13th October, 1965, by the Ministry's Inspector (Mr. H. C. Harris, F.R.I.C.S., M.R.S.H.), and a decision by the Minister is awaited. Four families were rehoused by the Corporation.

Limer Street, Hugh Oldham, Clearance Order and Housing Compulsory Purchase Order, 1965

These Orders were made on 14th June, 1965, and submitted to the Minister of Housing and Local Government for confirmation. In the City's approved Development Plan the land included in the Compulsory Purchase Order is allocated primarily for industrial use. The Clearance Order was made in respect of five houses detached from the main area.

A public local inquiry was held on the 7th December, 1965, when the Ministry Inspector (Mr. E. A. Sykes, F.R.I.C.S.) heard objections submitted by the owners of the houses. The Minister's decision is awaited. Seventeen structurally dangerous and unfit houses were demolished and 17 families were rehoused by the Corporation.

Gibbon Street, Bradford, Clearance Order and Housing Compulsory Purchase Orders Nos. 1 to 3, 1965

In accordance with the City Council's decision a Clearance Order and three Compulsory Purchase Orders were made on 26th April, 1965, to clear the unfit houses in the Gibbon Street, Bradford, Clearance Area. Objections were made by the owners of 82 properties included in the Compulsory Purchase Orders. The three houses in the Clearance Order were demolished by the owners under the procedure for dealing with individually unfit houses. Fourteen structurally dangerous and unfit houses were demolished and seven families were rehoused by the Corporation.

A public local inquiry was held on 10th November, 1965, and the Minister's decision is awaited.

Wellington Street, Bradford, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1965

On 15th March, 1965, the City Council determined to secure the clearance of 1,220 houses in the Clearance Areas by the making of two Compulsory Purchase Orders. It is proposed to utilise the land to be acquired mainly for residential purposes.

At a public local inquiry on the 21st July, 1965, the Inspector of the Ministry of Housing and Local Government (Mr. R. A. Barry, Ll.B., A.R.I.C.S.), heard objections made by the owners of 391 houses. The Minister's decision is awaited. Seventeen structurally dangerous and unfit houses included in the Compulsory Purchase Orders were demolished and 22 families were rehoused.

Devon Street, Beswick, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1965

The City Council resolved to secure the clearance of the houses in the Devon Street Clearance Areas by the making on 28th June, 1965, of two Compulsory Purchase Orders. Objections were submitted by the owners of 100 houses and a public local inquiry was held on 23rd November, 1965; the decision of the Minister is awaited. Three structurally dangerous and unfit houses were demolished and five families were rehoused.

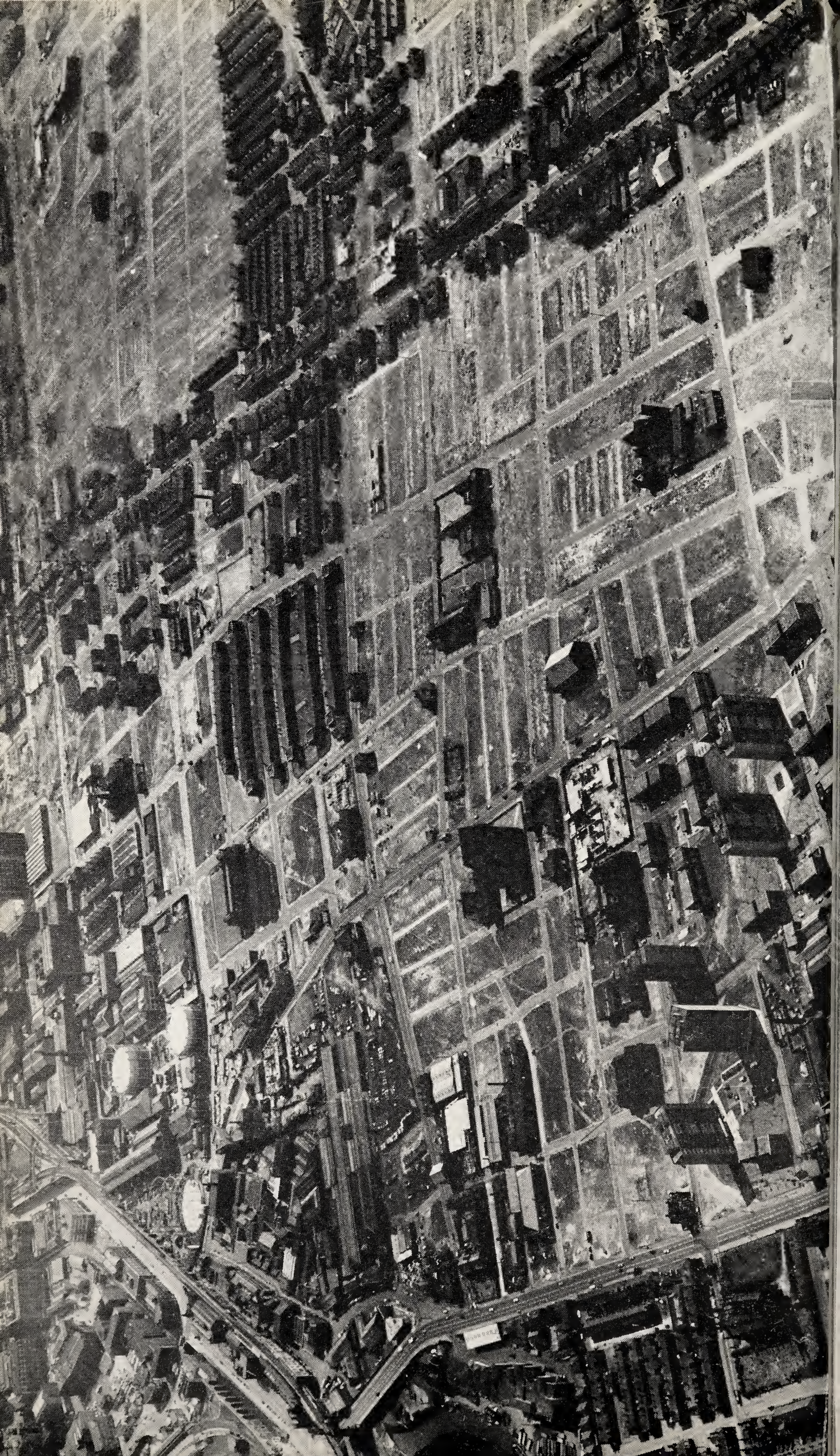
Napier Street, Ardwick, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1965

Following a City Council resolution of 2nd September, 1964, two Compulsory Purchase Orders were made on 31st August, 1965, to deal with the 489 houses in the Napier Street, Ardwick, Clearance Areas. A public local inquiry to hear the objections submitted by the owners of 43 houses will be held on the 9th February, 1966. Thirteen structurally dangerous and unfit houses included in the Orders were demolished and 29 families were rehoused.

Turkey Lane, Harpurhey, Housing Compulsory Purchase Orders, Nos. 1 and 2, 1965

To secure the clearance of 1,022 houses in the Clearance Areas two Compulsory Purchase Orders were made on 10th December, 1965. Of the 1,029 houses represented for clearance four houses were owned by the Corporation and three houses had been demolished prior to the making of the Orders. Three structurally dangerous and unfit houses were demolished and 13 families were rehoused by the Corporation.





Higher Ormond Street, All Saints, Housing Compulsory Purchase Orders, Nos. 1 to 7, 1965

The City Council determined to deal with the 198 houses remaining in the Higher Ormond Street, All Saints, Clearance Areas by the making of seven Compulsory Purchase Orders. These were made on 27th October, 1965, and submitted to the Minister of Housing and Local Government for confirmation. Four structurally dangerous and unfit houses were demolished and 14 families were rehoused by the Corporation.

Clifford Street, All Saints, Housing Compulsory Purchase Orders, Nos. 1 to 9, 1965

By a resolution passed on 17th February, 1965, the City Council determined to clear the unfit houses in a part of the Clearance Areas by the making of the Clifford Street Compulsory Purchase Order No 1, the site of which was urgently required for the University mathematics building as a part of the higher education precinct. This Order was made on 29th March, 1965, and a public local inquiry was held on the 6th July, 1965.

The Order was confirmed by the Minister on 16th November, 1965, two houses and shops and one licensed premises being transferred from Part I to Part II of the Order. A further eight Compulsory Purchase Orders were made on 27th October, 1965, for the clearance of the remainder of the Areas. Four structurally dangerous and unfit houses were demolished and 13 families were rehoused.

Howard Street, Collegiate, Clearance Areas, Nos. 1 to 13, 1965

The inspection and survey was completed and an official representation of 9th February, 1965, involving 175 houses occupied by 139 families comprising 443 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Eggington Street, Collyhurst, Clearance Areas, Nos. 1 to 10, 1965

The inspection and survey was completed and an official representation of 5th April, 1965, involving 955 houses occupied by 886 families comprising 2,749 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Rochdale Road, Collyhurst, Clearance Areas, Nos. 1 to 7, 1965

The inspection and survey was completed and an official representation of 5th April, 1965, involving 47 houses occupied by 26 families comprising 88 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Sanderson Street, Hugh Oldham, Clearance Area, 1965

The inspection and survey was completed and an official representation of 5th April, 1965, involving 22 houses occupied by 22 families comprising 96 persons was submitted to the Health Committee and later declared to be a Clearance Area by the City Council. To deal with these houses, a Compulsory Purchase Order was made on 10th December, 1965.

Byrom Street, St. Peter's Clearance Areas, Nos. 1 to 17, 1965

The inspection and survey was completed and an official representation of 6th May, 1965, involving 86 houses occupied by 42 families comprising 107 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

AERIAL VIEW OF HULME SHOWING CLEARANCE
AND REDEVELOPMENT IN PROGRESS.

Pin Mill Brow, New Cross, Clearance Areas, Nos. 1 to 6, 1965

The inspection and survey was completed and an official representation of 6th May, 1965, involving 65 houses occupied by 56 families comprising 170 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Every Street, Ancoats, Clearance Areas, Nos. 1 to 4, 1965

The inspection and survey was completed and an official representation of 6th May, 1965, involving 20 houses occupied by 18 families comprising 51 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Tutbury Street, Ancoats, Clearance Area, 1965

The inspection and survey was completed and an official representation of 6th May, 1965, involving 27 houses occupied by 27 families comprising 92 persons was submitted to the Health Committee and later declared to be a Clearance Area by the City Council.

Oliver Street, Openshaw, Clearance Areas, Nos. 1 and 2, 1965

The inspection and survey was completed and an official representation of 6th May, 1965, involving 196 houses occupied by 191 families comprising 554 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Corinth Street, Harpurhey, Clearance Areas, Nos. 1 to 7, 1965

The inspection and survey was completed and an official representation of 18th May, 1965, involving 436 houses occupied by 400 families comprising 1,092 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Dryden Street, Chorlton-on-Medlock, Clearance Areas, Nos. 1 to 9, 1965

The inspection and survey was completed and an official representation of 28th June, 1965, involving 1,069 houses and occupied by 1,072 families comprising 3,962 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Pigeon Street, Ancoats, Clearance Areas, Nos. 1 to 6, 1965

The inspection and survey was completed and an official representation of 11th August, 1965, involving 44 houses occupied by 35 families comprising 98 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Pimblett Street, Collegiate, Clearance Areas, Nos. 1 to 11, 1965

The inspection and survey was completed and an official representation of 11th August, 1965, involving 73 houses occupied by 49 families comprising 165 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Hendham Vale, Harpurhey, Clearance Areas, Nos. 1 to 8, 1965

The inspection and survey was completed and an official representation of 11th August, 1965, involving 214 houses occupied by 206 families comprising 655 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Certification of Unfit Houses in the Link Road 17/7 and Educational Redevelopment Projects

Progress Tables

31st December, 1965.

31st December, 1965.

Title	Official certification				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister			Number of houses demolished			Number of families re-housed by Corporation		
	Date	No. of houses	No. of families	No. of persons	Date	No. of houses		Date	No. of houses		To 31-12-64	To 31-12-65	Total To 31-12-65	To 31-12-64	To 31-12-65	Total To 31-12-65
									included	excluded						
London Road Declaration of Unfitness Order	29-5-59	26	22	70	20-7-59	26	24-11-59	15-3-60	26	—	26	—	26	17	—	17
Ducie Secondary Technical School E.C.P.O.	11-6-59	8	15	81	5-1-59	8	—	20-5-59	8	—	8	—	8	4	—	4
Regional College of Art E.C.P.O.	11-6-59	33	34	119	11-5-59	33	23-10-59	25-2-60	33	—	33	—	33	28	—	28
Central Technical College E.C.P.O.*	19-6-59	50	35	124	5-5-58	50	30-10-58	23-1-58	50	—	52	—	52	36	—	36
Rumford St. and Devas St. Chorlton-on-Medlock C.P.O.†	3-7-59	39	46	223	8-6-59	39	5-11-59	22-2-60	39	—	42	—	42	27	—	27
St. John's College of Further Education E.C.P.O.	13-8-59	25	21	68	30-11-59	25	—	5-8-60 11-8-60	25	—	25	—	25	20	—	20
South Hulme Secondary School E.C.P.O.	17-5-60	146	145	515	9-10-61	146	11-7-62	29-11-62	146	—	144	1	145	130	—	130
St. George's C. of E. Primary School E.C.P.O.	30-6-60	30	23	72	13-6-60	30	9-3-61	29-5-61	30	—	30	—	30	23	—	23
St. Augustine's R.C. Primary School E.C.P.O.	7-12-60	11	9	26	2-8-60	11	—	18-11-60	11	—	11	—	11	10	—	10
Link Road 17/7 Declaration of Unfitness Orders Nos. 1, 2, 3 and 4	30-10-61	532	481	1,644	26-3-62	501	21-8-62	4-2-63	490	11	481	3	484	397	—	397
Acomb Street and Eldon Street C.P.O.	12-10-62	55	56	228	3-9-62	55	—	20-3-63	54	1	54	—	54	36	—	36
Totals		955	887	3,170		924			912	12	906	4	910	728	—	728

NOTE: *Two unfit houses not included in the order demolished by arrangement with the owner.

†Three unfit houses not included in the order, as they were already owned by the University.

Clearance Areas

Progress table

31st December, 1965

Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister		Number of houses demolished			Number of families rehoused by Corporation			
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses		Date	Number of houses		To 31-12-64	To 31-12-65	Total to 31-12-65	To 31-12-64	To 31-12-65	Total to 31-12-65
					To 31-12-64	To 31-12-65	Total						included	excluded						
Ridgway Street, 1 to 14	5-10-51	257	259	824	19	—	19	—	C.P.O. 16-3-53	238	21-10-53	25-3-54	238	—	238	—	238	231	—	231
St. George's, 1 to 24	3-7-53	504	502	1,595	68	—	68	1	C.P.O. 27-5-55	435	25-10-55	29-2-56	427	8	427	—	427	389	—	389
Miles Platting, 1 to 14	16-2-54	771	779	2,400	48	—	48	1	C.P.O. 2-8-55	722	17-1-56	18-6-56	722	—	722	—	722	674	—	674
Mill Street, 1 to 13	15-7-54	570	582	1,827	9	—	9	2	C.P.O. 26-9-55	559	28-2-56	23-7-56	558	1	558	—	558	492	—	492
Harpurhey	14-4-55	269	269	849	35	—	35	—	C.P.O. 19-12-55	234	24-4-56	16-10-56	231	3	231	—	231	226	—	226
Bradford Road, 1 to 9	12-4-56	954	998	2,942	34	—	34	—	C.P.O. No. 1, 1-7-57 C.P.O. No. 2, 20-5-57	728 192	16-10-57 27-8-57	6-3-58 28-10-57	728 192	— —	727 25	1 —	728 25	681 23	— —	681 23
Collyhurst Street, 1 to 10	14-7-56	594	597	1,847	18	—	18	—	C.O. No. 1, 2-9-57 C.O. No. 2, 2-9-57 C.P.O. 2-9-57	3 4 569	— 18-12-57 18-12-57	20-6-58 20-6-58 20-6-58	3 4 568	— — 1	3 4 568	— — —	3 4 568	— — 514	— — —	— — 514
Rusholme Road, 1 to 33	2-5-57	1,110	1,172	3,913	58	—	58	*21	C.O. No. 1, 26-5-59 C.O. No. 2, 26-5-59 C.O. No. 3, 26-5-59 C.P.O. 26-5-59	4 11 34 982	— — 10-2-60 10-2-60	— — 25-8-60 13-3-61	— — 34 974	— — — 8	4 11 34 967	— — — —	4 11 34 967	4 11 32 759	— — — 1	4 11 32 760
Baguley, Springfield Cottages	6-6-58	3	3	8	—	—	—	—	C.O. 22-12-58	3	28-4-59	15-7-59	3	—	3	—	3	3	—	3
City Road, 1 to 7	6-11-58	1,057	1,035	3,119	39	—	39	—	C.P.O. 20-2-61	1,018	20-6-61	4-4-62	986	32	968	1	969	885	—	885
Morton Street, Longsight, 1 and 2	16-2-59	248	246	765	—	—	—	—	C.P.O. 29-12-59	248	16-6-60	29-5-61	247	1	25	—	25	23	—	23
Rodney Street, Ancoats, 1 to 7	31-3-59	294	278	905	16	—	16	7	C.O. No. 1, 20-2-61 C.O. No. 2, 20-2-61 C.P.O. 20-2-61	2 5 264	— — 14-6-61	21-7-61 26-7-61 2-11-61	2 5 261	— — 3	2 5 261	— — —	2 5 261	2 5 232	— — —	2 5 232
Rochdale Road/Collyhurst Road, 1 to 19 ..	10-8-59	445	422	1,274	22	—	22	—	C.P.O. 25-9-61	423	2-1-62	2-5-62	422	1	422	—	422	364	—	364
Earl Street, Longsight, 1 to 3	6-11-59	406	405	1,161	—	—	—	—	C.P.O. 10-10-60	406	31-1-61	18-9-61	403	3	26	—	26	21	—	21
Lodge Street, Collyhurst, 1 to 6	3-6-60	984	962	2,982	48	—	48	—	C.P.O. No. 1, 30-10-61 C.P.O. No. 2, 30-10-61 C.P.O. No. 3, 30-10-61	417 467 52	28-2-62 28-2-62 28-2-62	18-9-62 18-9-62 18-9-62	412 466 51	5 1 1	409 466 50	2 — —	411 466 50	369 434 49	— — —	369 434 49
Rutland Street, Hulme, 1 to 8	6-10-60	612	576	1,807	13	—	13	†68	C.P.O. No. 1, 4-12-61 C.P.O. No. 2, 4-12-61	331 200	29-3-62 29-3-62	19-11-62 9-11-62	326 196	5 4	320 183	6 —	326 183	288 161	— —	288 161
Boundary Lane, All Saints, 1 to 4	7-12-60	734	757	2,355	4	—	4	9	C.P.O. No. 1, 29-1-62 C.P.O. No. 2, 29-1-62	253 468	29-5-62 29-5-62	18-2-63 18-2-63	246 463	7 5	242 463	— —	242 463	221 419	— —	221 419
328A/330, City Road	10-2-61	2	3	9	—	—	—	—	C.O., 10-7-61	2	—	26-9-61	2	—	2	—	2	2	—	2
Livesey Street, Hugh Oldham, 1 to 16	13-4-61	888	864	2,702	31	—	31	4	C.O. No. 1, 21-5-62 C.O. No. 2, 21-5-62 C.O. No. 3, 21-5-62 C.P.O. No. 1, 21-5-62 C.P.O. No. 2, 21-5-62 C.P.O. No. 3, 21-5-62	5 6 2 113 369 358	— — — 26-9-62 26-9-62 26-9-62	11-9-62 18-9-62 19-10-62 2-8-63 16-8-63 2-8-63	5 6 2 106 359 354	— — — 7 10 4	5 6 2 104 356 345	— — — 2 — 9	5 6 2 106 356 345	1 4 3 89 324 284	— — — — — 1	1 4 3 89 324 285
Nelson Street, Miles Platting, 1 to 6	13-7-61	1,002	968	2,877	41	—	41	1	C.P.O. No. 1, 27-8-62 C.P.O. No. 2, 27-8-62	553 407	23-1-63 23-1-63	1-11-63 23-8-63	548 407	5 —	333 159	206 247	539 406	426 347	2 3	428 350
Vine Street, Hulme, 1 to 3	9-10-61	1,224	1,208	3,984	15	—	15	1	C.P.O. No. 1, 23-10-62 C.P.O. No. 2, 23-10-62	652 556	13-3-63 13-3-63	19-9-63 19-9-63	645 553	7 3	550 263	86 289	636 552	529 492	2 —	531 492
Thomas Street, West Gorton, 1 to 11	12-12-61	1,029	994	3,061	1	—	1	3	C.O. No. 1, 17-12-62 C.O. No. 2, 17-12-62 C.O. No. 3, 17-12-62 C.P.O. No. 1, 17-12-62 C.P.O. No. 2, 17-12-62 C.P.O. No. 3, 17-12-62	13 2 7 489 199 315	14-5-63 14-5-63 14-5-63 14-5-63 14-5-63 14-5-63	31-10-63 30-10-63 30-10-63 30-10-63 30-10-63 30-10-63	12 2 7 485 197 313	1 — — 4 2 2	— — — 455 69 29	10 — 7 30 127 279	10 — 7 485 196 308	5 1 3 406 167 228	— — — 3 1 19	5 1 3 409 168 247

Continued—

Progress table
31st December, 1965

Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order			Date of public local inquiry	Order confirmed by Minister			Number of houses demolished			Number of families rehoused by Corporation		
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses	Date		Number of houses		To 31-12-64	To 31-12-65	Total to 31-12-65	To 31-12-64	To 31-12-65	Total to 31-12-65	
					To 31-12-64	To 31-12-65	Total						included	excluded							
Radnor Street, Hulme, 1 to 11	10-4-62	1,282	1,265	4,149	9	—	9	—	C.P.O. No. 1, 29-4-63 C.P.O. No. 2, 29-4-63 C.P.O. No. 3, 29-4-63	264 650 359	22-10-63 22-10-63 22-10-63	17-7-64 17-7-64 17-7-64	259 643 348	5 7 11	12 17 1	222 506 71	234 523 72	150 161 —	68 357 266	218 518 266	
Fenwick Street, Hulme	7-6-62	521	532	1,792	10	—	10	1	C.P.O. 29-4-63	510	22-10-63	17-7-64	500	10	6	413	419	7	391	398	
Tamworth Street, Hulme 1 to 3	29-8-62	966	946	2,960	11	—	11	—	C.P.O. No. 1, 9-9-63 C.P.O. No. 2, 9-9-63 C.P.O. No. 3, 9-9-63	435 491 29	25-2-64 25-2-64 25-2-64	28-10-64 28-10-64 28-10-64	431 486 28	4 5 1	1 10 —	124 275 —	125 285 —	1 10 —	346 394 19	347 404 19	
Junction Street, Hulme, 1 to 10	13-12-62	790	751	2,426	7	—	7	10	C.P.O. No. 1, 6-1-64 C.P.O. No. 2, 6-1-64	540 233	13-5-64 13-5-64	16-11-64 9-11-64	530 229	10 4	6 8	146 74	152 82	3 5	395 166	398 171	
Ellesmere Street, Hulme, 1 to 9	13-12-62	492	468	1,422	2	—	2	—	C.O. No. 1, 23-12-63 C.O. No. 2, 23-12-63 C.P.O. No. 1, 23-12-63 C.P.O. No. 2, 23-12-63 C.P.O. No. 3, 23-12-63	+ 2 + 3 75 181 229	— — 15-4-64 15-4-64 15-4-64	— — 7-1-65 7-1-65 7-1-65	— — 72 176 225	— — 3 5 4	2 3 — 5 —	— — — 62 1	2 3 — 67 1	— 2 — 5 —	— — 3 90 136	— 2 38 95 136	
York Street, Hulme, 1 to 4	14-3-63	28	26	74	1	—	1	—	C.P.O. 31-3-64	27	15-7-64	14-12-64	27	—	6	7	13	11	6	17	
Welcomb Street, Hulme, 1 & 2	14-3-63	94	88	254	—	—	—	—	C.P.O. 31-3-64	94	15-7-64	7-1-65	89	5	1	2	3	1	35	36	
Loxford Street, Hulme, 1 to 8	14-3-63	177	150	462	5	—	5	—	C.P.O. 31-3-64	172	15-7-64	4-2-65	160	12	—	46	46	—	110	110	
Chancellor Lane, Ardwick, 1 to 20	29-3-63	347	323	1,003	57	—	57	—	C.O. No. 4, 6-4-64 C.O. No. 5, 6-4-64 C.P.O. 6-4-64	2 3 285	13-8-64 13-8-64 13-8-64	8-2-65 8-2-65 8-2-65	2 2 279	— 1 6	— — 9	— — 112	— — 121	— — 6	— 1 202	— 1 208	
Garston Street, Ardwick, 1 to 4	29-3-63	156	156	531	3	—	3	—	C.P.O. 17-2-64	153	10-6-64	30-9-64	146	7	4	132	136	4	114	118	
Dantzic Street, 1 to 3	27-5-63	44	41	148	—	—	—	—	C.O. No. 1, 1-6-64 C.O. No. 2, 1-6-64 C.O. No. 3, 1-6-64	2 24 18	— — —	21-9-64 21-9-64 21-9-64	2 24 18	— — —	— — —	— 24 —	— 24 —	— 21 —	1 — 14	1 21 14	
Collyhurst Road, 1 to 3.. .. .	27-5-63	23	17	41	4	—	4	—	C.O. No. 1, 1-6-64 C.O. No. 2, 1-6-64 C.O. No. 3, 1-6-64	6 4 9	— — —	16-10-64 16-10-64 16-10-64	6 4 9	— — —	— 4 —	6 — —	6 4 —	— — —	4 — 5	4 — 5	
Syndall Street, Ardwick, 1 to 3	27-5-63	558	556	1,810	3	—	3	1	C.P.O., 29-6-64	554	18-11-64	30-3-65	535	19	1	8	9	1	178	179	
Gibson Street, Ardwick, 1 to 8	31-7-63	1,087	1,064	3,280	5	—	5	3	C.P.O. No. 1, 12-10-64 C.P.O. No. 2, 12-10-64	459 620	23-3-65 23-3-65	5-8-65 24-8-65	429 616	30 4	1 —	7 2	8 2	1 —	9 4	10 4	
Kay Street, Openshaw, 1 to 8	25-9-63	189	168	533	7	4	11	—	C.P.O. 29-3-65	178	3-8-65	16-11-65	175	3	—	2	2	2	—	2	
Harlston Street, Openshaw, 1 to 3	25-9-63	28	21	54	—	—	—	—	C.P.O. 29-3-65	28	13-7-65	31-8-65	26	2	—	—	—	—	5	5	
Carlisle Street, Beswick, 1 & 2	25-9-63	339	308	930	2	—	2	—	C.P.O. 29-3-65	337	11-8-65	14-12-65	320	17	—	1	1	—	1	1	
Beaumont Street, Beswick, 1 to 4	9-12-63	463	428	1,234	2	—	2	—	C.P.O. 24-5-65	461	13-10-65	—	—	—	—	—	—	—	4	4	
Gibbon Street, Bradford, 1 to 9	9-12-63	275	243	754	33	7	40	—	C.O. 26-4-65 C.P.O. No. 1, 26-4-65 C.P.O. No. 2, 26-4-65 C.P.O. No. 3, 26-4-65	+ 3 109 10 113	— 10-11-65 10-11-65 10-11-65	— — — —	— — — —	— — — —	— 11 — —	3 11 — —	— 5 — —	2 5 — —	2 10 — —		
Limer Street, Hugh Oldham, 1 to 13	9-12-63	104	88	302	13	—	13	—	C.O. 14-6-65 C.P.O. 14-6-65	5 86	7-12-65 7-12-65	— —	— —	— —	— —	— 17	— 17	— —	— 17	— 17	
Cannel Street, Ancoats, 1 to 15	9-12-63	116	101	320	10	8	18	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wellington Street, Bradford, 1 to 3	10-3-64	1,224	1,190	3,558	2	—	2	2	C.P.O. No. 1, 15-3-65 C.P.O. No. 2, 15-3-65	722 498	21-7-65 21-7-65	— —	— —	— —	— 16	— 16	— —	2 —	5 17	5 19	
Devon Street, Beswick, 1 to 4	30-6-64	708	665	1,980	1	—	1	—	C.P.O. No. 1, 28-6-65 C.P.O. No. 2, 28-6-65	362 345	23-11-65 23-11-65	— —	— —	— —	— 3	— 3	— —	— 1	4 1	4 1	
Napier Street, Ardwick, 1 to 3	30-6-64	496	466	1,596	—	7	7	—	C.P.O. No. 1, 31-8-65 C.P.O. No. 2, 31-8-65	445 44	— —	— —	— —	— —	— 6 7	— 6 7	— —	— 25 4	— 25 4		
Turkey Lane, Harpurhey, 1 to 6	30-9-64	1,029	1,001	3,125	1	2	3	4	C.P.O. No. 1, 10-12-65 C.P.O. No. 2, 10-12-65	620 402	— —	— —	— —	— —	— 2 1	— 2 1	— —	— 3 10	— 3 10		
Cross Keys Street, Hugh Oldham, 1 to 9 ..	11-11-64	60	62	198	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Continued

Continued—



Clearance areas	Official representation				Houses not included in the order				Houses in the area on making of order		Date of public local inquiry	Order confirmed by Minister		Number of houses demolished			Number of families rehoused by Corporation			
	Date	Number of houses	Number of families	Number of persons	Demolished prior to order			Other	Date	Number of houses		Date	Number of houses		To 31-12-64	To 31-12-65	Total to 31-12-65	To 31-12-64	To 31-12-65	Total to 31-12-65
					To 31-12-64	To 31-12-65	Total						Included	Excluded						
Oldham Road, New Cross, 1 to 15	11-11-64	95	74	218	—	15	15	—	—	—	—	—	—	—	—	—	—	—	—	—
Webster Street, Greenheys	11-11-64	593	589	1,973	—	10	10	—	—	—	—	—	—	—	—	—	—	—	—	—
Higher Ormond Street, All Saints, 1 to 14..	8-12-64	220	191	617	1	15	16	6	C.P.O. No. 1, 25-10-65	7	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 2, 25-10-65	1	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 3, 25-10-65	37	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 4, 25-10-65	129	—	—	—	—	4	4	—	14	14	—
									C.P.O. No. 5, 25-10-65	2	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 6, 25-10-65	12	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 7, 25-10-65	10	—	—	—	—	—	—	—	—	—	—
Clifford Street, All Saints, 1 to 17	8-12-64	243	202	762	—	19	19	—	C.P.O. No. 1, 29-3-65	38	6-7-65	16-11-65	35	3	—	4	4	—	2	2
									C.P.O. No. 2, 25-10-65	74	—	—	—	—	—	—	—	—	1	1
									C.P.O. No. 3, 25-10-65	2	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 4, 25-10-65	3	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 5, 25-10-65	97	—	—	—	—	—	—	—	10	10	—
									C.P.O. No. 6, 25-10-65	3	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 7, 25-10-65	2	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 8, 25-10-65	3	—	—	—	—	—	—	—	—	—	—
									C.P.O. No. 9, 25-10-65	2	—	—	—	—	—	—	—	—	—	—
Nightingale Street, Collegiate, 1 to 8	24-12-64	45	24	73	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
Christie Street, Collegiate, 1 to 13	24-12-64	137	105	385	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Bent Street, Collegiate, 1 to 9	24-12-64	67	62	295	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Howard Street, Collegiate, 1 to 13	9-2-65	175	139	443	—	19	19	—	—	—	—	—	—	—	—	—	—	—	—	—
Eggington Street, Collyhurst, 1 to 10	5-4-65	955	886	2,749	—	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—
Rochdale Road, Collyhurst, 1 to 7	5-4-65	47	26	88	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Sanderson Street, Hugh Oldham	5-4-65	22	22	96	—	—	—	—	C.P.O. 10-12-65	22	—	—	—	—	—	—	—	—	—	—
Byrom Street, St. Peter's 1 to 17	6-5-65	86	42	107	—	13	13	—	—	—	—	—	—	—	—	—	—	—	—	—
Pin Mill Brow, New Cross, 1 to 6	6-5-65	65	56	170	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Every Street, Ancoats, 1 to 4	6-5-65	20	18	51	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tutbury Street, Ancoats	6-5-65	27	27	92	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oliver Street, Openshaw, 1 and 2.. .. .	6-5-65	196	191	554	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Corinth Street, Harpurhey, 1 to 7	18-5-65	436	400	1,092	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—
Dryden Street, Chorlton-on-Medlock, 1 to 9	28-6-65	1,069	1,072	3,962	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Pigeon Street, Ancoats, 1 to 6	11-8-65	44	35	98	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pimblett Street, Collegiate, 1 to 11	11-8-65	73	49	165	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hendham Vale, Harpurhey, 1 to 8	11-8-65	214	206	655	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stocks Street, Collegiate, 1 to 11	11-8-65	100	73	274	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Parker Street, Bradford, 1 to 4	17-9-65	702	675	2,015	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Vernon Street, Collegiate, 1 to 3	17-9-65	348	316	1,086	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Everton Road, Chorlton-on-Medlock, 1 to 9	12-11-65	1,111	1,131	3,918	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals		32,643	31,614	100,080	708	147	855	145		24,965	—	—	19,480	291	11,139	3,620	14,759	11,221	3,511	14,732

NOTE: * 21 houses included in London Road Declaration of Unfitness Order, 1959.
† 68 houses included in Proposed Link Road 17/7 Declaration of Unfitness Order No. 1. 1961.
‡ Application for the confirmation of C.O. Nos. 1 and 2 withdrawn, as the 23 houses were demolished by the owners under section 31 of the Manchester Corporation Act, 1946.



Stocks Street, Collegiate, Clearance Areas, Nos. 1 to 11, 1965

The inspection and survey was completed and an official representation of 11th August, 1965, involving 100 houses occupied by 73 families comprising 274 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Parker Street, Bradford, Clearance Areas, Nos. 1 to 4, 1965

The inspection and survey was completed and an official representation of 17th September, 1965, involving 702 houses occupied by 675 families comprising 2,015 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Vernon Street, Collegiate, Clearance Areas, Nos. 1 to 3, 1965

The inspection and survey was completed and an official representation of 17th September, 1965, involving 348 houses occupied by 316 families comprising 1,086 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Everton Road, Chorlton-on-Medlock, Clearance Areas, Nos. 1 to 9, 1965

The inspection and survey was completed and an official representation of 12th November, 1965, involving 1,111 houses occupied by 1,131 families comprising 3,918 persons was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

The progress of slum clearance in the City since the first post-war clearance area in 1951 is shown in the appended statement.

Individually unfit houses

Housing Act, 1936, section 11

Two houses, represented in previous years, and unoccupied with their entrances bricked up, have not yet been demolished as this would affect the stability of the adjoining occupied premises.

Manchester Corporation Act, 1946, section 31

There were 530 houses considered to be unfit, and certified by the City Architect as structurally dangerous, requiring the urgent rehousing of 292 families by the Housing Committee. Demolished houses totalled 414, of which 267 were included within Clearance Areas and the remaining 147 were in isolated areas or individual properties not included in the Clearance Programme. There were 292 families rehoused by the Corporation while 25 families found their own accommodation.

Manchester Corporation Act, 1946, section 32

Public Health Act, 1936, section 58

Manchester Waterworks and Improvement Act, 1867, section 38

There were 101 structurally dangerous and unfit houses demolished under the provisions of the above Acts, 62 within Clearance Areas and 39 other individual properties. There were 21 families rehoused by the Corporation.

Local Authority Owned Houses Certified Unfit by the Medical Officer of Health.

Three houses owned by the Corporation were found to be unfit for human habitation. Eleven houses certified unfit were demolished and three families were rehoused by the Corporation: one family found their own accommodation.

Redevelopment projects—(unfit houses)

Link Road 17/7 Declaration of Unfitness Orders, Nos. 1, 2, 3 and 4, 1961

A further three houses were demolished.

South Hulme Secondary School Education Compulsory Purchase Order, 1961

One of the two remaining houses was demolished.

Rehousing on medical grounds

The department dealt with 3,892 applications for rehousing or transfer on medical grounds, an increase of 327, or approximately $8\frac{1}{2}$ per cent, on 1964. Almost one-half of the cases related to tenants of Corporation houses wishing to transfer to alternative accommodation. In each instance reports on the housing conditions, and the supporting medical evidence, were examined by senior medical staff.

There were 1,949 applications considered for rehousing of which 1,474 were initial applications; five were recommended for immediate rehousing and a degree of priority was recommended in 834 cases. There were 475 applications, which had been previously considered, reviewed by reason of additional medical evidence or changed circumstances; subsequently two were recommended for immediate rehousing and an additional degree of priority was recommended in 111 cases.

Of 1,943 applications considered for transfer on medical grounds, including 1,459 new applications, two were recommended for immediate transfer and a degree of priority was recommended in 1,037 cases. A review of 484 cases, which had previously been considered for transfer, resulted in three being recommended for immediate transfer and an additional degree of priority was allocated to 116 cases. Approximately two-thirds of the applications considered were recommended for transfer to ground floor accommodation or for a change of area.

The Director of Housing was informed of the Medical Officer of Health's recommendation in each case and his attention directed to any family found to be living in overcrowded conditions. The department was notified of 1,123 families provided with alternative accommodation who had been recommended for preferential consideration on medical grounds.

Abatement of overcrowding

The overcrowding survey in 1936 showed that 2·1 per cent of all families were overcrowded by the Housing Act standard. Comprehensive surveys to maintain up-to-date records of overcrowding throughout the City have not been possible. However, the inspection of 32,643 unfit houses, included in clearance areas from 1951 through 1965, disclosed that 0·8 per cent of the dwellings were overcrowded by the Housing Act standard. In all cases of overcrowding brought to the notice of the department the Director of Housing was informed if the tenant and/or lodger families were registered for a Corporation house.

New permanent dwellings completed

The following tabular statement gives the number of dwellings completed since 1946 by the Corporation in and outside the City and by private builders in the City.

Year	City Council		Private builders
	In the City	Outside the City	In the City
1946	293	—	36
1947	542	—	197
1948	1,772	—	356
1949	1,461	—	298
1950	2,146	—	270
1951	2,415	—	209
1952	2,142	80	322
1953	2,162	437	390
1954	1,055	1,086	303
1955	692	1,251	566
1956	684	684	368
1957	751	796	514
1958	818	639	349
1959	517	965	239
1960	392	562	260
1961	816	445	381
1962	1,476	1,409	508
1963	1,424	2,442	282
1964	892	3,047	544
1965	1,354	2,076	561
Totals	23,804	15,919	6,953
	39,723		

Houses in multiple occupation

Under the Housing Acts, 1961, and 1964, and the Management Regulations together with the provisions of the Manchester Corporation Act, 1950, section 57, there were 664 houses let in lodgings visited to secure attention to the maintenance of proper standards and facilities. As a preliminary measure, in accordance with the department's normal practice, informal communications were issued to each of the persons responsible for the letting in lodgings requesting attention to any deficiencies reported and inviting them to meet the inspector at the property. Whilst this procedure had some success it was also necessary to take formal action in 113 instances, including the making of twenty-one management orders. Additionally, at six houses let in lodgings prosecutions on failure to comply with management orders resulted in fines and costs against the managers, totalling £15 6s. 0d.: the necessary works were carried out before the court proceedings. The Manchester Corporation Act, 1950, section 57, requires a person who lets a house in lodgings, without himself residing there, to secure the consent of the Corporation, but provision is not made for refusal of such consent. Nevertheless, conditions may be attached to any consent and it is an offence not to comply with any such conditions. Following Press publicity about this requirement prosecutions are pending in respect of ten "farmed" houses let in lodgings.

Consideration was given to the preparation of a scheme under the Housing Acts whereby, subject to approval by the Minister of Housing and Local Government, a register of houses let in lodgings could be compiled and maintained and it would be obligatory for the responsible persons to notify the Corporation when a house appeared to be registrable. Again, however, the scheme could not provide for refusal of registration and, as indicated by a

circular of the Ministry in 1964, in itself registration could not be an instrument of control and would be no more than ancillary to the processes of inspection and supervision. In all the circumstances, including consideration which the Ministry of Housing and Local Government was giving to strengthening existing powers, the possible preparation and submission of a registration scheme locally was deferred.

Repairs

Arising from the inspections of dwelling-houses, under the Public Health Acts and the Manchester Corporation Acts, informal action to secure repairs was taken in 7,131 instances. It was necessary however to serve 4,088 statutory notices. In most cases the requirements of these notices were satisfied without further action, but court proceedings were required in 46 instances and orders, with costs, obtained. Further proceedings against one owner who failed to comply with an order resulted in fines totalling £52. General repair work was carried out by the department in pursuance of court orders at 42 houses where the owners could not be traced. Default powers were applied to secure general repairs and plumbing or drainage work at 546 houses including 93 at the request of the owners.

The attention of the City Architect's department was directed to 824 premises where conditions were deemed to be structurally dangerous and requiring action by that department.

Powers not otherwise available under the general statutes are contained in various Manchester Corporation Acts; these enabled immediate temporary repairs of an urgent nature to be carried out by the department, which proved of special value in dealing with serious roof leakages following exceptionally heavy rain in November. The restoration of adequate means of artificial lighting in living or sleeping rooms was required by 56 informal notices and 7 statutory notices under the provisions of section 32 of the Manchester Corporation Act, 1958. The reinstatement or repair of boundary walls to the yards of 196 houses was required by action taken under section 33 of the Manchester Corporation Act, 1958. In 29 cases the work was carried out by the department in the default of the owners.

The total costs of all the works carried out by private contractors on behalf of the department was £10,291 of which £9,940 was recovered from the owners. The balance of £351 in respect of certain lengths of public sewer was charged to the general rate fund.

The 1965 Rent Act became operative in December and brought new rights for tenants and landlords in that it provided for security from eviction without a court order and set up a new system for regulating rents in unfurnished accommodation. It does not affect existing legislation relating to the enforcement of repairs to dwelling-houses.

Applications received under the Rent Act, 1957, for certificates of disrepair continued to decline as shown in the following comparative statement:

Part I Applications for certificates of disrepair

	1965	1964	1963	1962	1961	1960	1959	1958
Applications for certificates	39	59	88	72	128	251	485	1488
Decisions not to issue certificates ..	5	4	5	5	13	14	16	17
Decisions to issue certificates:—								
in respect of some but not all								
defects	26	49	61	50	102	196	349	1193
in respect of all defects	13	13	14	14	25	46	83	381
Undertakings given by landlords under								
paragraph 5 of the first schedule ..	17	34	40	39	78	167	250	1018
Undertakings refused under proviso to								
paragraph 5 of the first schedule ..	1	1	10	Nil	1	5	9	13
Certificates issued	23	20	34	21	47	104	161	772

Part II Applications for cancellation of certificates

Applications by landlords for cancel-								
lation of certificates	10	20	30	22	41	100	188	256
Objections by tenants to cancellation								
of certificates	6	12	16	10	16	61	65	122
Decisions to cancel in spite of tenants								
objection	2	11	4	7	14	51	54	8
Certificates cancelled	8	20	16	18	44	111	173	205

Improvement grants

Housing (Financial Provisions) Act, 1958

House Purchase and Housing Act, 1959

Housing Acts, 1961, and 1964

Manchester Corporation Act, 1962, section 44

There was some further increase in the number of applications for improvement grants especially for the standard grants, with 350 being received compared with 304 during the previous year. There were 302 applications from owner/occupiers and 48 from owners of tenanted properties, of which 215 could be approved.

During February a mobile exhibition and cinema unit of the Ministry of Housing and Local Government, officially opened by the Lord Mayor of Manchester, publicized the availability of the grants. The unit visited various parts of the City suitable for the establishment of improvement areas together with the City centre.

The following statement summarizes the applications received for grants:

Type of Grant	Approved		Disapproved		Withdrawn or pending		Total
	owner/ occupier	tenanted	owner/ occupier	tenanted	owner/ occupier	tenanted	
Discretionary	—	1	—	2	—	4	7
Standard ..	183	30	79	10	39	—	341
Local ..	1	—	—	1	—	—	2
	184	31	79	13	39	4	350

The works completed provided the following standard amenities under the standard and local grants scheme at a cost of £11,700:

	Fixed baths	Wash- basins	Hot and cold water supply	Internal waterclosets	Food cupboards
Standard	51	92	70	125	122
Local	11	10	11	11	11

Common lodging houses

The number of registered common lodging houses, (defined in the Public Health Act, 1936, as a house provided for the purpose of accommodating by night, poor persons not being members of the same family, who resort thereto and are allowed to occupy one common room for the purpose of eating or sleeping) decreased from 50 in 1939 to five at present. In 1939 there was accomodation for 2,969 men and 375 women compared with the current situation, summarized in the following table.

Men	Registered for	Number normally in residence	Charges
A (Social organization)	428	240	Bed (cubicle) and breakfast 7s. 6d per night: in dormitories 6s. 6d. per night.
B (Social organization)	245	215	Bed and breakfast dormitories 6s. 0d per night or 37s. 6d. per week.
C (Social organization)	90	90	11s. 0d. per day full board or £3 12s. 6d. per week
D Municipal, Walton House..	452	366	4s. 6d. per night or £1 10s. 0d. per week, (all cubicles).
	1,215	911	
Women			
E Municipal, Ashton House ..	210	89	4s. 0d. per night or £1 6s. 6d. per week, (all cubicles).

The department’s clinic at Monsall Hospital continued to provide for the personal cleansing and disinfection of the clothing of persons from common lodging houses.

The facilities at the municipal hostel for men were further improved by the provision of an additional 30 easy chairs and 50 wardrobe lockers; the main hall and corridors were also redecorated. At Ashton House, improvements were made to the sanitary accommodation and to lighting in the premises. In general, satisfactory conditions were maintained at all common lodging houses and no formal action was necessary.

Future redevelopment schemes seem likely to affect two of the registered common lodging houses of a social organization, and planning permission in principle from the City Council has been obtained by the organization for the erection of a new hostel on another site.

Movable dwellings

Six privately owned sites are authorized under the Caravan Site and Control of Development Act, 1960, for use by 34 caravans, subject to compliance with specified conditions to ensure a reasonable standard of hygiene and safety.

Nuisance recurred from the unauthorized use by "gypsy-type" caravan dwellers of other plots of land, generally land awaiting redevelopment, in various parts of the City. The occupiers of the caravans, commonly engaged in collecting rags and scrap metal, aggravated the insanitary conditions occurring on the land.

In 81 cases caravans were removed from unauthorized sites following verbal cautions, but in 101 other instances the service of notices under the provisions of section 18 of the Manchester Corporation Act, 1956, was necessary. In three of these cases court orders had to be obtained to enforce removal, and where the occupier still failed to remove in compliance with the order, the court imposed a fine of £28. As one of these sites was within an area subject to a compulsory purchase order, awaiting confirmation under the Housing Act, negotiation for purchase of the land by the Corporation was completed. Concrete bollards were then erected to prevent vehicular access and avoid recurrence of the nuisance.

The department participated in a national survey, initiated by the Ministry of Housing and Local Government, to obtain factual information about the families of caravan dwellers who could be described as gypsies or comparable nomadic types, their occupations and locations. At the date of the survey on 22nd March only three such itinerant families, comprising 16 persons including 8 children, were found in the City. They were occupying two sites and stated that they had only arrived there the previous day and that they had never lived in a permanent house. The adults in each family were engaged in the collection of either scrap metal or rags. Each family had a trailer caravan and a motor lorry or van.

Canal boats

In the supervision of living accommodation on a diminishing number of canal boats, used for goods transport in the City, it was necessary to issue cautions in six instances to secure attention to disrepair and other minor infringements of the Canal Boats Regulations, 1878. In addition, the owner of one boat, found to be operating without the necessary registration certificate and without the registered number being displayed, was cautioned and later complied with the requirements.

Thirty-eight boats are registered with the Corporation in accordance with the Public Health Act, 1936. Most of the boats with living accommodation were found to be used as "day-boats", working locally and only used for sleeping purposes on the occasional longer journeys. No families were living on the boats inspected, and with the exception of the adult daughter of the master of one boat, only men were found to be employed.

No infectious disease was reported to have occurred on any canal boat within the City.

Occupational Conditions

Industrial premises

The regulation of the working conditions in factories is mainly the responsibility of the inspectors of the Ministry of Labour, except in respect of the requirements concerned with sanitary accommodation, which are dealt with by the department. Additionally, in factories without mechanical power, the Factories Act provisions as to cleanliness, overcrowding, temperature, ventilation and the drainage of floors are enforced by the department.

The number of factories on the register and inspections made were:—

Premises	Number on register	Inspections	Number of written notices	Occupiers prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are enforced by local authorities	387	33	—	—
(ii) Factories not included in (i) in which section 7 is enforced by the local authority	4,476	726	43	1
(iii) Other premises in which section 7 is enforced by the local authority (excluding outworkers' premises)	202	235	—	—
Totals	5,065	994	43	1

The nature of the unsatisfactory conditions found and the action taken were:—

Particulars	Number of cases in which defects were found				No. of letters re defects in factories	No. of cases in which prosecutions were instituted
	Found	Re-medied	Referred to H.M. Inspector	Referred by H.M. Inspector		
Want of cleanliness (section 1)	2	2*	—	2	—	—
Overcrowding (section 2) ..	—	—	—	—	—	—
Unreasonable temperature (section 3)	2	1	—	2	—	—
Inadequate ventilation (section 4)	—	—	—	—	—	—
Ineffective drainage of floors (section 6)	—	—	—	—	—	—
Sanitary conveniences (section 7)						
(a) Insufficient	7	3†	—	6	1	—
(b) Unsuitable or defective	115	98‡	—	88	42	1
(c) Not separate for sexes	10	9§	—	5	6	—
Other offences against the Act (not including offences relative to outworkers) ..	3	—	3	—	—	—
Totals	139	113	3	103	49	1

* Includes 1 from previous year

§ Includes 4 from previous year.

† Includes 2 from previous year.

‡ Includes 39 from previous year.

A prosecution was necessary in one instance to enforce the provision of suitable and sufficient sanitary conveniences, and a fine of £5 was imposed.

Non-industrial premises

The provisions of the Offices, Shops and Railway Premises Act, 1963, and of regulations made under the Act, deal with the health, safety and welfare of employees. The Act, similar to the Factories Acts, includes notification of the employment of persons at premises and provisions as to environmental conditions, cleanliness, overcrowding, temperature, ventilation, lighting, sanitary conveniences, washing facilities, drinking water, safety of machinery, fire precautions, first-aid facilities and the notification of accidents.

As from 1st June occupiers of premises covered by the Act were required to display an abstract summarizing the provisions, or to give each employee a prescribed explanatory booklet.

The notification provisions became operative on 1st May, 1964, and the department has received the prescribed forms for 9,471 premises with a total of 133,158 persons employed. Whilst the exact number of the employers of persons in office, shop, cafe or warehouse premises is not known, there is little doubt that the number of notifications received is considerably less than the total required to be made. The number received during the year was 1,018 relating to 8,027 employees in the different classes of premises, as shown in the following statement:

Notifications of employment				
Class of premises	Number notified during 1965		Total notifications	
	Premises	Employees	Premises	Employees
Offices	687	5,241	4,757	84,646
Retail shops	168	857	3,271	21,909
Warehouses	118	1,186	567	13,807
Cafes	38	599	836	10,809
Canteens	5	136	29	1,926
Fuel storage depots	2	8	11	61
Totals	1,018	8,027 (including 3,534 females)	9,471	133,158 (including 69,516 females)

Detailed inspections were made of 682 premises and, generally, compliance with the requirements did not necessitate the institution of proceedings. Four prosecutions were necessary, however, in respect of conditions at restaurant premises, and also associated with contraventions of the Food Hygiene (General) Regulations, 1960, at restaurants. The deficiencies related to the absence of first-aid boxes, the absence of a thermometer, the insufficient lighting of a staircase, staircase obstruction and an unfenced opening in a floor. A total of seven pounds was imposed in fines.

Additionally, in respect of a retail shop for the sale of wood-working materials and similar supplies, at which unsatisfactory conditions were reported in the latter part of 1964, prosecution ensued in respect of: the dirty condition of the walls and ceiling of an office (section 4); the failure to make effective provision

for securing and maintaining a reasonable temperature and the failure to provide a thermometer (section 6); the unsatisfactory condition of the sanitary convenience (section 9); the absence of running hot and cold or warm water to the wash hand basin and the absence of soap and clean towels (section 10); no adequate supply of wholesome drinking water (section 11); and the absence of a guard to a circular saw (section 17). The magistrates imposed fines totalling twelve pounds, including five pounds in respect of the unguarded circular saw. Five guineas costs were awarded.

The following unsatisfactory conditions at 395 premises were dealt with by informal action:

Cleanliness—											
rooms	..	..	..	..	..	..	..	..	..	..	29
fittings	..	..	..	..	..	..	..	..	..	..	4
passages	..	..	..	..	..	..	..	..	..	..	11
Overcrowding	..	..	..	..	..	..	..	..	..	..	6
Temperature	..	..	..	..	..	..	..	..	..	..	28
No thermometer	..	..	..	..	..	..	..	..	..	..	133
Ventilation	..	..	..	..	..	..	..	..	..	..	23
Lighting	..	..	..	..	..	..	..	..	..	..	9
Seats (shop premises)—											
not provided	..	..	..	..	..	..	..	..	..	..	7
unsuitable	..	..	..	..	..	..	..	..	..	..	5
Floors, passages, stairs—											
maintenance	..	..	..	..	..	..	..	..	..	..	17
obstructed	..	..	..	..	..	..	..	..	..	..	7
no handrails, and unguarded openings	..	..	..	..	..	..	..	..	..	..	22
Drinking water—											
supply inaccessible	..	..	..	..	..	..	..	..	..	..	1
no utensils	..	..	..	..	..	..	..	..	..	..	6
no rinsing facilities	..	..	..	..	..	..	..	..	..	..	5
Outdoor clothing—											
no accommodation	..	..	..	..	..	..	..	..	..	..	11
Eating facilities	..	..	..	..	..	..	..	..	..	..	3
Machinery—											
inadequate fencing	..	..	..	..	..	..	..	..	..	..	8
cleaning by young persons	..	..	..	..	..	..	..	..	..	..	1
insufficient training of operator	..	..	..	..	..	..	..	..	..	..	1
Sanitary accommodation—											
unsuitable or insufficient	..	..	..	..	..	..	..	..	..	..	29
not clean	..	..	..	..	..	..	..	..	..	..	34
lighting insufficient	..	..	..	..	..	..	..	..	..	..	38
not conveniently accessible	..	..	..	..	..	..	..	..	..	..	2
disposal of sanitary dressings	..	..	..	..	..	..	..	..	..	..	8
Handwashing—											
insufficient hand basins	..	..	..	..	..	..	..	..	..	..	16
not conveniently accessible	..	..	..	..	..	..	..	..	..	..	3
no soap or towels	..	..	..	..	..	..	..	..	..	..	11
no hot and cold or warm water supply	..	..	..	..	..	..	..	..	..	..	46
not clean	..	..	..	..	..	..	..	..	..	..	12
inadequate lighting	..	..	..	..	..	..	..	..	..	..	6
First-aid—absence of box	..	..	..	..	..	..	..	..	..	..	91

In April, the Medical Inspector of Factories of the Ministry of Labour informed the Health Department that he was concerned about the possible risk to health of the use of metallic mercury at premises in the City. He was of the opinion that these premises were not a factory and almost certainly were the responsibility of the local authority under the Offices, Shops and Railway Premises Act. Medical officers and a public health inspector of the Health Department promptly visited the premises.

An electrically illuminated display sign was being operated from premises consisting of a small brick and asbestos control room. The process involved the use of rolls of suitably prepared paper and two switch devices containing several pounds of metallic mercury. There was minimal enclosure of equipment, which took up more than half the available floor area. There was only a single window, with an effective opening area of 10 inches by 44 inches, and two electric fires were in use during the colder months. There was no ventilation and the door was kept shut in inclement weather. The floor was laid with vinyl tiles and partly covered with loose absorbent mats.

On the occasion of the first inspection of the premises the mercury contamination of the working atmosphere was found to be at least eight times the maximum permissible concentration. With the agreement and active co-operation of the occupiers of the premises a request was made to the Industrial Hygiene Service of the Manchester University Nuffield Department of Occupational Health for a detailed technical investigation to be carried out, and for subsequent recommendations to be made to remedy structural and technical deficiencies. Subsequently, the occupiers were provided with a schedule of the alterations to the premises and working techniques that were required. In addition, other facilities were required including those for hand washing and the storage of clothing.

All the alterations were rapidly implemented by the occupiers. Employees were medically examined at the Nuffield Department of Occupational Health, University of Manchester, and a considerable excretion of mercury in urine was found to be occurring, but fortunately clinically there did not appear to be any illness attributable to exposure to inorganic mercury. The circumstances will be kept continually under review.

The First-Aid Order, 1964, prescribing the requisites or appliances to be contained in first-aid boxes or cupboards and the conditions to be fulfilled before a person is deemed to be adequately trained in first-aid, became fully operative on 1st September. Where, however, a suitable first-aid room is maintained, and appropriate arrangements exist for securing the immediate treatment of persons who are injured or ill, conditional exemption may be granted to the occupier of the premises from the necessity also to maintain separate first-aid boxes, with a responsible person in charge of each. The occupiers of ten premises were granted this exemption, subject to the observance of standards similar to those applicable to industrial premises under the Factories Act.

Accidents to employed persons are notifiable if they result in death or in disablement for more than three days. Notifications of 239 accidents, none fatal, were received and investigated; the premises and persons involved being as follows:

Class of workplace	Adults (18 and over)		Young persons (under 18)		Total
	Males	Females	Males	Females	
Offices	28	47	—	5	80
Retail shops.. .. .	10	31	2	4	47
Wholesale warehouses	42	16	1	3	62
Catering establishments	25	14	—	—	39
Canteens	2	6	—	—	8
Fuel storage depot	3	—	—	—	3
Total	110	114	3	12	239

In addition, 22 other accidents were reported and investigated but were not such as to require formal notification.

The nature of the injuries were sprains and strains (66), bruising and concussion (59), open wounds (43), fractures and dislocations (43), burns (12), multiple injuries (3), poisoning (1), internal injuries (1) and other unclassified injuries (11).

The most frequent primary causes were falls, commonly on stairs, and the handling of goods, as shown in the following summary:

Primary cause	Adults 18 and over			Young persons under 18			Total
	M	F	Total	M	F	Total	
Falls							
Stairs	8	27	35	—	5	5	40
Same level.. .. .	8	18	26	1	2	3	29
Different levels.. .. .	11	7	18	—	—	—	18
Step-ladders	6	4	10	—	—	—	10
Handling goods	36	10	46	—	—	—	46
Striking against objects	11	16	27	—	1	1	28
Falling objects	5	7	12	—	1	1	13
Machinery	6	7	13	—	1	1	14
Transport	6	—	6	—	—	—	6
Hand tools	2	1	3	—	—	—	3
Fires and explosion	1	2	3	—	—	—	3
Electrical	—	1	1	—	—	—	1
Other	10	14	24	2	2	4	28
Totals	110	114	224	3	12	15	239

Investigations of accidents did not reveal any breaches of the Act, but when appropriate, employers willingly accepted advice on the best means of minimizing the recurrence of accidents.

Plans, in connection with 107 proposed new buildings or extensions received by the City Architect for building byelaw approval, were scrutinized and recommendations made when appropriate. Environmental conditions to be satisfied include the effective provision and maintenance of sufficient and suitable lighting, whether natural or artificial. A Ministry of Labour circular indicated

that the making of regulations, to prescribe standards of sufficiency and suitability of lighting, had been deferred pending the receipt of information from local authorities on their experience in the operation of the relevant section of the Act, and especially the adequacy of lighting in premises inspected during November.

Light-meter readings taken in various types of offices, shops and warehouses are summarized in the following table:—

November 1965

Level of illumination, lumens/square foot	Number of readings made			Total	
	Offices	Shops, etc.		No.	Per cent. of total
	Working area	Selling area	Working area		
less than 5	7	6	7	20	8
5 to less than 10	11	12	14	37	16
10 to less than 15	18	16	14	48	20
15 to less than 25	29	24	13	66	28
25 and over	29	19	18	66	28
Totals	94	77	66	237	

Whilst in most instances the impression of inspectors was that the standard of lighting was satisfactory, wide variations were found, especially in older buildings. Instances of unsatisfactory lighting were in general associated with the construction or design of the buildings rather than their particular use. Unscreened ceiling pendant lamps were found in some offices, and often in the working as distinct from the selling areas of shops, and most tubular fluorescent lamps were unscreened. Advice was given on the best means of overcoming glare from unshielded sources, and wherever general illumination was considered to be inadequate, especially with light-meter readings either below or within the range of 5 to 10 lumens/square foot in offices and on working areas of shop premises, occupiers were advised to arrange for improvements to the installations.

Outwork

In accordance with the requirements of section 133 of the Factories Act, 1961, where work of certain kinds specified by regulations is given out, the names and addresses of the outworkers must be supplied to the department in February and August of each year.

Although there was a reduction in the number of such employers, 220 compared with 236 during the previous year, the number of outworkers notified increased to 2,021 from 1,920, the homes of 1,133 of these being in the City. In addition twenty-seven outworkers were notified as living in the City and employed by firms outside Manchester. The increase occurred mainly in the trades concerned with wearing apparel while there was a reduction in the number engaged in household textiles and soft furnishings. No insanitary condition at the house of an outworker was reported.

Details of the different trades and outworkers were as follows:—

Trades	Outworkers	
	Inside City	Outside City
Wearing apparel	749	608
Tailors	92	26
Overalls	79	66
Umbrellas etc.	92	91
Household textiles	106	53
Soft furnishings.. ..	22	34
Soft toys	2	3
Cartons	18	7
Totals	1160	888

Employment of shop assistants and young persons

The enforcement of the provisions of the Shops Act, 1950, the Shops (Early Closing Days) Act, 1965, and the Young Persons (Employment) Acts, 1938 and 1964, was dealt with by the department.

The Shops (Early Closing Days) Act, 1965, which became operative in August, enables the shopkeeper to choose his early closing day and removes the power of local authorities to extend early closing provisions to exempted shops. Since most trades in Manchester have long had exemption from the compulsory half-day closing on one day of the week, in accordance with the principal Act, the effect of giving freedom of the choice of an early closing day will not be great in Manchester.

In two instances formal proceedings were necessary to secure observance of the evening closing hour requirements of the Shops Act, 1950, and fines amounting to eight pounds with five guineas costs were imposed. Similarly, a fine of one pound was imposed for the failure of a shopkeeper to keep the prescribed forms as to the assistants' weekly half holiday. It was also necessary to prosecute for contravention of the requirements relating to Sunday trading. In this instance the business, opened after an extensive advertising campaign, invited applications for membership of a "shopping club". The company was fined five pounds, each of three principals one pound, and costs of 85 guineas were awarded.

Eight certificates were issued, granting conditional exemption from half-day and evening closing hours requirements, at exhibitions where the retail trades were subsidiary or ancillary to the main purpose of the exhibitions.

Four applications were received and approved for the registration of persons who, following the necessary statutory declaration of conscientious objection on religious grounds to trading on their Sabbath, were permitted to trade until 2.0 p.m. on Sundays, subject to their shops being closed on Saturdays. There are 348 persons so registered.





Infectious disease

Public health inspectors investigated 981 notifications of infectious disease and made 780 visits concerning contacts with notifiable diseases.

Arising from recent outbreaks of infective hepatitis in Manchester, the City Council made an order in December under the provisions of section 147 of the Public Health Act, 1936, which was approved by the Ministry of Health, whereby from 1st February, 1966, cases of this infectious disease occurring in the City will be notifiable.

As a public health measure the exchange of toys to a young person under 14 years of age for rags or old clothes is an offence under section 154 of the Public Health Act, 1936, and a rag dealer who contravened this section was prosecuted and fined £2.

Following the introduction of the system, by which port health authorities notify local authorities of the destination addresses supplied by long-stay immigrants on their arrival at the port, notifications were received concerning 813 immigrants. Visits were made by public health inspectors to each address to interview and inform immigrants of the health services available and especially to advise registration with a general medical practitioner. A total of 657 immigrants were interviewed and advised.

Stopped up drains and sewers

Section 41 of the Manchester Corporation Act, 1950, enables the Health Committee to take summary action to ensure that any stopped up drain, private sewer, watercloset, soilpipe or sink etc. is remedied without delay and 628 notices were served under the provisions of this section. Choked drains accounted for 485 notices, private sewers for 96, wastepipes 37 and soilpipes 10.

At 751 other premises immediate repairs to public sewers were carried out by the department in accordance with the emergency provisions of sections 23 and 24 of the Public Health Act, 1936, as amended by section 33 of the Manchester Corporation Act, 1946. Defective public sewers at 75 premises were also remedied by the department following the service of notices under section 24 of the Public Health Act, 1936.

Examination of drains

Drains believed to be defective were examined at 226 premises as authorized by section 48 of the Public Health Act, 1936, extended by section 34 of the Manchester Corporation Act, 1946. The most common causes of these examinations were percolation into basements and sub-floor spaces (96), subsidence in the surfaces of yards or passages (49), evidence of rat burrowing (39) and recurring stoppages (36).

In each instance appropriate action was taken to remedy the defective conditions found.

Sanitary accommodation

The number of pail closets at premises without watercloset accommodation was further reduced by eight, leaving 149 premises with that type of sanitary convenience, in 123 instances because no sewer is available. The remaining premises have a short residual life by reason of contemplated clearance.

Waterclosets to replace pail closets were provided at three premises voluntarily by the owners. Indoor waterclosets were provided at 136 dwellings with the aid of improvement grants.

The provision and siting of pail closets as a temporary measure on building sites continued to be supervised by the department.

Formal action was necessary in 298 cases to secure repairs to waterclosets, including structures and fittings.

The Manchester Corporation Act, 1965, section 18, in requiring the registration of entertainment clubs as from 4th January, 1966, includes amongst other conditions the necessity for the provision of satisfactory sanitary accommodation and inspections were undertaken by the department for the consideration of applications by the Special Licensing Committee.

Bathrooms

In accordance with the Public Health Act, 1961, section 33, a local authority may reject plans submitted for building byelaw approval if the proposed erection of dwellings or the conversion of a building to separate dwellings does not provide for a bathroom to each dwelling. This requirement, however, does not specifically include power to determine the suitability of the proposed situation of the bathroom in relation to each separate dwelling. Arising from experience with the conversion of a large house into separate dwellings where bathrooms were provided in the basement, the Corporation sought and obtained the amending provisions of section 15 of the Manchester Corporation Act, 1965. Thereby, under the Corporation Act, a bathroom can be required to be "suitably placed", which in the case of conversions to separate dwellings means either a bathroom in each separate dwelling, or a bathroom provided for the exclusive use of, and conveniently accessible for, the persons living in each separate dwelling.

Sixty-two houses previously without bathrooms were so provided with the aid of the standard or local improvement grant schemes.

Disposal of refuse

The collection and disposal of refuse is undertaken by the Cleansing Department and the Director reported that the total collected was 277,586 tons, dealt with as follows:—

	<i>Tons</i>	<i>Percentage</i>
Controlled tipping, five sites	243,250	87·63
Separation and incineration	23,442	8·44
Direct incineration	4,128	1·49
Sales, manufactures, etc.	6,766	2·44
	<hr/> 277,586 <hr/>	<hr/> 100·00 <hr/>

Additional to the free collection and disposal of a wide range of unwanted household effects, including furniture and bulky refuse for which service the Cleansing Department reported receiving more than 25,000 requests, they also undertook the disposal of discarded motor vehicles, either if brought to certain depots or collected from different sites where they had been abandoned. The clearance of rubbish from land and passages was also carried out by that department.

Complaints of nuisance at three private tips were investigated by public health inspectors and remedial measures secured without the necessity for formal action.

It was necessary, however, to serve 275 informal and 157 statutory abatement notices requiring removal of accumulations of offensive refuse from land and unoccupied properties.

Rodent control

The number of rodent infestations notified and investigated was 5,263 and the necessary inspections dealt with 7,571 premises (5,644 dwelling-houses, 1,557 business premises and 370 local authority non-residential premises). In addition, 951 premises were visited in the routine survey of the City.

Rodent infestations were found at 4,703 of the premises comprising 3,188 dwelling-houses, 1,196 business premises and 319 local authority premises. The incidence of infestations reported, particularly with mice at business and food premises, represented a substantial increase on that of 1964. The extensive demolition of properties especially in clearance and central areas is doubtless of some significance to infestations occurring elsewhere. It is difficult to accept, however, that this was responsible for the particular experience and the possibility of the development of some resistance to the anti-coagulant "Warfarin", especially in mice, is under examination.

The types of premises involved are summarized in the following table:

Type of premises	Rat infested			Mice infested	Totals
	Internal	External	Total		
Dwelling-houses	418	1,197	1,615	1,573	3,188
Business premises	189	110	299	534	833
Food premises	34	32	66	297	363
Local authority	44	61	105	214	319
Totals	685	1,400	2,085	2,618	4,703

Causes of infestation

Disused and defective drainage systems continued to be the main direct cause of the rat infestation of premises. The nature of mice infestations especially in business premises were commonly associated with the failure of occupiers to have dealt expeditiously with initial infestations.

Extermination service of the department

The service in respect of dwelling-houses continued to be available without payment, and the public were encouraged to notify the department of any suspected rodent infestation. Whilst this results in numerous intimations without any evidence of infestation being found it does facilitate the prompt application of eradictory measures, where necessary, and prevents the risk of major infestations developing from a stray rodent. Business premises were treated at the request of the owners or occupiers on the basis of the cost of the operator's time and the materials used: £2,044 18. 7. was recovered.

All treatments were carried out in accordance with the standard guidance of the Ministry of Agriculture, Fisheries and Food, mainly using the anti-coagulant "Warfarin" as a rodenticide. The total number of visits and inspections carried out by the rodent operatives was 25,904. The co-operation of owners or occupiers of infested properties in attending to drainage defects or structural proofing was generally secured by the informal action of personal

interview or letter. Where necessary formal notice of the department undertaking the examination of drainage systems to determine sources of undermining was applied. Similarly in respect of rat infestations, suspected to be associated with public sewers under the control of the City Engineer and Surveyor's department, that department examined the particular sewers and carried out necessary works of repair.

Extermination by private contractors

The service available to owners or occupiers of infested premises from private companies and individuals is mainly on a contractual basis. These private operators are not obliged to notify local authorities where they are carrying out the disinfestation of premises and the actual extent of their work is not known to the department.

Extermination by other departments and public undertakings

Other departments of the Corporation, and public undertakings dealing with infestation of their premises, reported on action taken. Close liaison was maintained with these departments, especially as to appropriate methods of control.

Extermination of rats in public sewers

This work is undertaken by the City Engineer and Surveyor's department with the systematic treatment of the manholes and the use of a ready mixed bait of fluoroacetamide.

<i>Total approximate number of manholes</i>	<i>Number treated with poison baits</i>	<i>Showing complete "takes"</i>	<i>Showing partial "takes"</i>
16,000	18,492	2,693	2,234

In addition, and prior to maintenance treatments, test baiting of sewers was carried out. The results read as follows:

<i>Manholes baited</i>	<i>"Takes"</i>
4,850	1,051

Eradication of insect pests

The reported incidence of insect infestations of dwellings, especially with bed bugs or fleas, reduced further especially when compared with past experience in clearance areas. Cockroaches were the most common household insect pests on which the department's advice was sought concerning eradication.

The presence of the ubiquitous spider beetle (*ptinus tectus* and *niptus hololeucus*), confused with bed bugs by some householders and office occupiers, caused apprehension until the complainents were advised of the true nature of the specimens and how to eradicate infestation. Specimens of book lice (*liposcelis divinatorius*) were produced by some householders with similar concern.

Instances of other enquiries dealing with insects in houses included the wood boring beetles of the *ptinidac* and *anobiidae* families and the carpet beetles (*dermestes vulpinus*). Insects identified by the entomologist at the University as American seed beetles (*acanthoscelides obtectus*), infested an unclaimed suitcase at a luggage deposit room. Red rust flour beetles (*tribolium castaneum*) were found in an imported consignment of table napkins.

The Housing Director reports that his department's disinfestation service dealt with the furniture and effects of 468 households on their removal to Corporation houses and that bed bug infestations were similarly dealt with at 226 houses of the Housing Department.

Offensive trades

In accordance with the provisions of section 107 of the Public Health Act, 1936, the establishment of certain defined "offensive trades" requires approval of the local authority. This may be granted for a limited period, subject to the extension of that period and the power of revocation of consent. Customarily, approval is granted for a period of two years. Seven applications, namely for "rag and bone" dealing (3), hides and skin treatment (1), fat extraction (1), oil distillation (1) and for rubber substitute manufacturing (1) were approved.

With one exception the registered businesses were carried on without causing a nuisance. The offence, from the discharge of fumes from the oil distillation process, was remedied by the installation of new plant. One application for the approval of the establishment of a poultry by-products plant, involving the processing of poultry feathers, blood and offal, was refused.

Ministry of Health circular 19/65 advised that vaccination against anthrax was desirable for workers exposed to special risks of contracting the disease. It was ascertained that only one establishment in the City dealt with raw materials obtained from the overseas sources specified in the circular. Details of the vaccination scheme were placed before the management at the end of the year, and appropriate arrangements for vaccination will be made by the department.

Effluvium and dust nuisance

The temporary breakdown in a process for the treatment of exhaust fumes from a plant, scheduled under the Alkali etc. Works Regulation Act, resulted in the discharge to the atmosphere of offensive effluvia. Following an initial investigation the circumstances were referred to, and promptly dealt with by, H.M. Alkali etc. Works Inspector. Formal action was necessary to secure the abatement of nuisance arising from the discharge of objectional fumes into adjacent premises from the extract ventilation systems of four restaurant kitchens. In one instance a nuisance order had to be obtained from the court, followed by further prosecution and fines (amounting to £6. 3s. 0d.), before the necessary work was satisfactorily completed. The service of an abatement notice was necessary to secure the installation of an effective extract ventilation system to prevent the emission of effluvia into adjacent premises from a laundrette. Informal action secured the abatement of nuisance from the discharge of fumes from a galvanizing plant and an oil blending process.

Dust nuisance arose from the sand blasting of the brickwork of a building, but was abated without the necessity of formal action. It was necessary, however, to issue a statutory notice to secure attention to the prevention of nuisance caused by the discharge of dust from a concrete mixing plant.

Noise nuisance

Generally, the abatement of noise from industrial, trade or domestic sources, causing complaints to be made to the department was secured by the informal action of the public health inspectors in the course of their investigations. In two instances, however, one concerned with the mechanical ventilation of a laundrette and the other with the use of drop forge hammers, the service of formal notices under the Noise Abatement Act was necessary. The noise arising from the extraction fan and ducting of the ventilation system was resolved by adjustment of the fan blades and strengthening of the ducting. But the drop forge hammers, involving both noise and vibration, present a far more difficult problem especially having regard to the valid defence of the "best practicable means". Nevertheless, the management concerned co-operated in undertaking

structural works to minimize the nuisance. Certainly this latter case emphasises the fundamental importance of the town planning control now applicable to secure the effective separation of industry from housing.

Increased attention had to be directed to preventing noise nuisance from entertainment clubs, with special regard to the sound of amplified music. Complaints relating to domestic sources of noise were commonly associated with the personal behaviour of neighbours, such as in the use of sewing machines late at night, and were resolved informally by the visits of the inspectors.

Often the concern of complainants was actuated more by the time when the noise was experienced than by the volume or intensity of the noise and necessitated late night or early morning investigations.

Land used by pleasure fairs

Approved sites were reported to have been used by pleasure fairs on ten occasions; nine were in public parks or recreation grounds and one on land awaiting redevelopment and owned by the Corporation. No pleasure fair was reported to have been held on any privately owned site.

No nuisance was reported at any of these sites but inspectors had to secure the alteration of the location of living vans at one site, in order to provide access for the removal of refuse, and also the improvement of the artificial lighting to sanitary conveniences at this and four other sites.

Following applications from the Showman's Guild in respect of two additional sites, consent to their use as fairgrounds was refused because of the proximity of dwellings, the risk of noise nuisance and also the possibility of danger to children on account of the proximity of the particular site to roads carrying heavy traffic.

Rag flock and other filling materials

The Rag Flock and Other Filling Materials Act, 1951, and Regulations made under the Act, are directed to securing the use of clean filling materials in upholstered articles and other articles which are stuffed or lined. Thereby, certain filling materials are listed as materials to which the Act applies and are required to be "clean", for which purpose they must comply with the standards prescribed in the Regulations. Premises in which the materials are used in the course of a business, other than the remaking or reconditioning of an article, are required to be registered with the Corporation.

There are 61 premises so registered where designated filling materials are used in the manufacture of upholstery (32), quilts (17), bedding (9), soft toys (2) and cushions (1). Seven registrations ceased on the closure of the businesses and three following removals in the redevelopment of the particular area. Seven other premises were newly registered. No rag flock is manufactured in the City, but six premises are licensed for its storage.

Twenty-seven samples of the following designated filling materials were obtained and submitted to the prescribed analyst for examination; rag flock (8), woollen mixture felt (7), cotton felt (4), Algerian fibre (2), cotton mill puff (2), cotton flock (1), feathers (1), hair (1) and kapok (1). Every sample of rag flock was found to comply with the prescribed standards. Cautions were issued, however, in respect of two samples of woollen mixture felt, which did not satisfy the relevant standard, having an excess chlorine content, in respect of each of three samples of cotton mill puff, cotton flock and cotton felt respectively, the permitted trash content for which was exceeded, and in respect of a sample of feathers which was found to contain an excess of extracted matter.

The trend toward the increased use of rubber or synthetic foam instead of the more traditional filling materials continued.

The Fabrics (Misdescription) Act, 1913, and Regulations, 1959

The Fabrics (Misdescription) Act, 1913, requires that if a textile fabric is described in any way to imply that it is non-inflammable or has safety from fire, it must satisfy tests prescribed in the Regulations made under the Act.

A floor rug advertised as having been "Flame-proofed to British Safety Standards" and contained in a wrapping labelled "This rug has been flame-proofed", was purchased by the department and submitted for examination as to its flame resistance. It was found that neither the fabric forming the surface of the rug nor the backing conformed to the prescribed tests. The vendors were formally cautioned and withdrew the inferential claim as to non-inflammability of the rugs. Additionally, the Board of Trade, and the local authority in whose area the rugs had been manufactured, were informed of the circumstances.

Consumer Protection Act, 1961

The Children's Nightdresses Regulations, 1964

Under the provisions of these regulations, which became operative on 1st October, 1964, children's nightdresses must satisfy prescribed tests of low flammability or flame resistance. Additionally, if made of a fabric which has been chemically treated to make them safer from fire to the required standard, they must bear a legible, durable stitched-in label giving warning against washing them with soap or soap powder and against boiling or bleaching, which could impair or destroy the flame resistance.

One hundred and seventy-seven shops and market stalls were visited by inspectors to purchase children's nightdresses for submission to an authorized laboratory for testing, and to remind vendors of the requirements of the regulations. In three instances cotton nightdresses so purchased failed to satisfy the prescribed test. In each case the nightdresses were found to be the remainder of old stocks, which were immediately withdrawn from sale and destroyed by the respective vendors, who pleaded ignorance of the regulations. In the particular circumstances formal cautions were issued. The department also arranged for official notices as to the requirements of the regulations to be published in a trade periodical and other publicity was secured through the Manchester evening newspaper. Additionally, as the regulations apply only to ready-made nightdresses for children, an informative leaflet of The Consumer Council on the use of flame resistance fabrics in home dressmaking was displayed and made available to the public by the department.

Export of washed rags and second-hand clothing

As a public health measure, to comply with the import requirements of certain overseas countries, thirty tons of washed rags and fifty-seven articles of second-hand clothing for export were inspected and certified as having been disinfected by the department.

Swimming baths

At each of the 35 swimming baths in use in the City, including five at schools and four, one outdoor, in private ownership, the water treatment is by continuous filtration, with a turn-over period of four hours or less, chlorine sterilization and coagulation with alumino-ferric or alum, with the maintenance of alkalinity between pH7 to 8 by the use of soda ash.

All the baths were visited whilst in use and a good standard of hygiene was found. The bath-side tests for alkalinity and residual chlorine content of the water, and the bacteriological examination of samples by the Public Health Laboratory service, confirmed that the recommended standards of the Ministry of Health were being maintained.

Establishments for massage and special treatment

The annual licensing of establishments for massage or special treatment, other than those provided for the national or local health services, continued in accordance with Part IX of the Manchester Corporation Act, 1924, and byelaws made in 1925. There were 74 licences issued for the following treatments: chiropody (46), massage (14), massage and chiropody (7), chiropody and manicure (3), massage, chiropody and manicure (1), electrical and sunray (2) and colonic irrigation (1).

Five establishments were discontinued : massage and manicure (1) and chiropody (4). Four establishments were newly licensed: massage (3) and chiropody (1). The licensing of one of these new massage establishments followed a successful appeal by the applicant to the City Magistrates' Court against the Corporation's refusal to grant a licence because there appeared to be a lack of appropriate technical qualifications.

One other application for a licence to establish the business of massage and chiropody was also refused by the Corporation because the applicant appeared not to possess appropriate technical qualifications. In considering the technical qualifications of applicants the Corporation has regard to the standards required for the entry of a persons' name in the registers maintained under the Professions Supplementary to Medicine Act, 1960, and also those standards applicable to employment in the national health service or a local health or welfare service.

Hairdressers and barbers

Hairdressers or barbers and the premises at which they carry on their business are required to be registered under the provisions of section 42 of the Manchester Corporation Act, 1946. Additionally they must satisfy the byelaws dealing with the cleanliness of the persons engaged in the business and of the premises, instruments and equipment. Similar requirements are also applicable under the Public Health Act, 1961. No contraventions necessitating formal action were reported.

Sale of certain poisons

Persons retailing poisons, scheduled in Part II of the Poisons List under the Pharmacy and Poisons Act, 1933, are required to be listed with the local authority and to comply with requirements as to labelling, packaging, storage, and in some instances record keeping. The particular poisons are mainly contained in proprietary domestic disinfectants or horticultural products; the increasing use of compounds not containing scheduled poisons has continued to reduce the number of listed vendors, 722 compared with 772 in the previous year. The licence fees received amounted to £187 17s. 6d. No infringement of the requirements was reported.

Exhumations

The reinterment of the remains of sixteen persons at Southern Cemetery, from the churchyard associated with the former St. James' Church, George Street, completed the work, begun in 1964, of making the site available for redevelopment, as authorized by section 32 of the Manchester Corporation Act, 1962.

Sixteen other exhumations were also supervised by public health inspectors following the issue of Home Offices licences. In fifteen instances reinterment took place in the same cemetery or burial ground and the other was followed by cremation.

The despatch of a body overseas was subject to surveillance by an inspector of the department, to ensure that as a public health measure the arrangements satisfied the requirements of the receiving country and the transport undertaking.

Public conveniences

The number of public conveniences is as follows :—

	<i>Men</i>	<i>Women</i>	<i>Total</i>
Conveniences	64	59	123
Urinals only	48	—	48
			<hr/> 171 <hr/>

Additional to the provision of free hand washing facilities at conveniences, “wash and brush-up” facilities on a payment of 4d. and accommodation for the storage of parcels, are available at seven of the conveniences in the central area of the City.

Restrictions imposed on public expenditure slowed down the phased programme for the provision of new conveniences and the modernization of others. Nevertheless, new conveniences were provided within the Chorlton Street Bus Station and the Wythenshawe Civic Centre.

The Ministry of Transport in February (Circular, Roads, 3/65) referred to the abuse of laybys on trunk and other main roads because of the absence of convenience facilities, and asked local public health authorities to give consideration to better signposting of existing facilities where parking or waiting space was available within reach of main roads. Whilst signposting of conveniences within the City was undertaken some years ago, and these signs are adequate to guide pedestrians, they may not, under existing traffic conditions, always give sufficient advance warning to motorists. Accordingly arrangements have been made for appropriate signs to be included in a scheme for the comprehensive provision of directional signs in the City.

The provision of waiting space for vehicles in the vicinity of existing conveniences in urban areas presents considerable difficulty, but is receiving attention when sites for new conveniences are planned.

The Ministry of Housing and Local Government wrote to local authorities in March (Circular No. 15/65) expressing the view of the Minister that it should be standard practice to provide hand washing facilities in all public conveniences. As a minimum there should be a wash basin with a constant supply of water (preferably warm), soap and a means of drying hands. This has been the policy of the department for some years but the incidence of vandalism, in particular in the absence of attendants, has continued to preclude the provision of hot water, soap and towels in certain conveniences.

The retention and recruitment of suitable personnel as attendants and cleaners is a matter of particular concern and their abuse by irresponsible persons, of both sexes, together with the continuing damage and misuse of facilities have continued to add to the difficulties in maintaining the standard of public service it is desired to provide.

Sewerage and Sewage Disposal

Sewerage

The City Engineer and Surveyor who is responsible for the provision and maintenance of the sewerage system of the City has supplied the following information:—

“Generally the whole of the City is sewered, but schemes are still necessary to deal with certain inadequacies:—

Main drainage: Work has commenced on the Rochdale Road relief sewer, which will serve parts of Blackley. Settlement due to mining subsidence continues to affect both the main intercepting sewers and the local sewers in Bradford and Miles Platting and periodic joint inspections are held with the National Coal Board.

Sewer reconstruction: The reconstruction of storm water overflows has been carried out at North Road and Briscoe Lane, Newton Heath, and is in progress at Kenyon Lane in the same district. A length of the Malkin Brook sewer has been rebuilt at Chorlton-on-Medlock. Several sewer collapses have been dealt with during the year.

Redevelopment work: A number of schemes for redevelopment of areas within the City which involve partial re-sewering of the areas have received attention. Work is in progress in connection with one such scheme in Chapel Walks, off Cross Street, City. The protection or diversion of sewers necessitated by the construction of the Mancunian Way has been effected.”

Sewage treatment and disposal

The General Manager of the Rivers Department, which undertakes the treatment and disposal of sewage, including a large volume of trade effluent, from the City and certain adjacent districts, has supplied the following information:—

“The major scheme of extensions to the Davyhulme Sewage Works is now nearing completion, and is expected to be in full operation in 1966.

In August 1965, four of the new aeration tanks were brought into use. These comprise 50 per cent of the biological oxidation stage of treatment provided in the current extensions, and employ 44 extremely intensive aeration cones of a new pattern developed at the works in collaboration with the manufacturers. The aeration devices are proving extremely efficient, and have enabled substantial economies to be effected in constructional costs. The remaining 44 aeration cones were being commissioned at the turn of the year, and will enable a dry weather flow of 52 million gallons per day to be treated by this section of the works. Associated with the new aeration units are 12 final settling tanks and a sludge pumping station. The final effluent passes through an additional aeration chamber before discharge to the Manchester Ship Canal.

Construction of six new storm sewage tanks is progressing satisfactorily, completion being due in mid-1966.

In view of the increasing volumes of sewage being received, not only from the City, but from the adjacent authorities served by the Davyhulme Works, the combined treatment capacities of the old and new treatment plants are no longer adequate. The position will become aggravated as the volume and strength of industrial effluents (already the highest in Britain) increase. Design work is now proceeding to enable the old activated sludge units to be re-equipped with more efficient and intensive aeration machinery to enable the treatment capacity of the works to be raised to a dry weather flow of 80 million gallons per day.”

Public Analyst

Food and drugs adulteration

Adulteration of milk

Measurement of atmospheric pollution

Report of the Public Analyst

A. N. Leather, B.Sc., F.R.I.C., Public Analyst

After nineteen years of distinguished service, Mr. Frederick Dixon, Deputy Public Analyst for the City, retired in January, 1965. He came to Manchester after working for many years in the Staffordshire County Laboratory, and was at first deputy to the late Mr. Harri Heap. If one feature of Mr. Dixon's activities may be singled out for mention, it would be his assiduous search for, and adaptation of, methods of analysis required to keep pace with the various new legal requirements relating to the composition of food and drugs. His work in separating and identifying dyestuffs present in foods was especially valuable.

The vacancy caused by Mr. Dixon's retirement was filled by the appointment of Mr. Vincent Husbands, who for some years had held the post of senior assistant analyst in this laboratory, and who had studied for and obtained the statutory qualification while working here.

For a whole year the post of senior assistant analyst has been systematically and repeatedly advertised but it has not been possible to fill the vacancy. The continued shortage of staff at senior level has reduced the capacity of the laboratory to study in a practical way the newer methods of analysis needed to test for such things as pesticide and antibiotic residues in food, and to test for possible secondary constituents in modern drugs.

Another notable factor affecting the year's work was the removal of the laboratory. The premises in Hathersage Road had to be vacated so that the site could be cleared for hospital expansion. Accommodation was prepared in two buildings in the grounds of Monsall Hospital and the removal was smoothly performed at the end of June. There was, nevertheless, an unavoidable degree of temporary disorganization which has contributed to a reduction in the ability of the laboratory to carry out some necessary analytical research.

The proportion of adulterated samples, expressed as a percentage of all samples examined in this laboratory under the Food and Drugs Act and related enactments and regulations, was 2·4 per cent. Though the "payment for quality" schemes operated by the Milk Marketing Board have continued to provide a strong motive for producers to maintain a high standard of milk quality, there were still some instances of consignments of milk adulterated with water before delivery in the City.

In this report some comments, principally of analytical interest, are made upon unsatisfactory samples and upon a few samples recorded as genuine. Where, in respect of unsatisfactory samples, it has been possible to indicate subsequent action, the information has been provided by the Medical Officer of Health and by the Sanitary Services Division of the Health Department.

Food and drugs adulteration
Food and Drugs Act, 1955

Summary of food and drugs samples showing adulteration or other irregularity

Article	Number examined			Number adulterated or otherwise giving rise to irregularity			Percentage of samples unsatisfactory
	Formal	Informal	Total	Formal	Informal	Total	
*Milk	68	615	683	32	10	42	6.1
Milk sterilized	1	211	212	—	1	1	0.5
Alcoholic liquids—							
Spirits	17	—	17	2	—	2	12
Bottled fruit							
Rhubarb	2	5	7	—	1	1	14
Canned—							
Fruit & fruit juices	2	79	81	—	1	1	1
Soft drinks	—	32	32	—	2	2	6
Vegetable products	—	66	66	—	2	2	3
Cake decoration	—	9	9	—	1	1	11
Cereals, mixed	—	4	4	—	1	1	25
Lard and cooking fat	—	21	21	—	1	1	5
Soft drink powder	—	4	4	—	1	1	25
Vinegar, malt	3	19	22	—	1	1	5
Indian brandy	—	1	1	—	1	1	100

*Excluding Channel Islands milk and 8 “Appeal to Cow” samples.

Article	Number examined			Number adulterated or otherwise giving rise to irregularity			Percentage of samples unsatisfactory
	Formal	Informal	Total	Formal	Informal	Total	
Total drugs	—	69	69	—	1	1	1.4
Total foods	134	2151	2285	34	22	56	2.5
Total foods and drugs	134	2220	2354	34	23	57	2.4
All milk (including Channel Islands)	70	872	942	32	11	43	4.6

This table excludes 8 “Appeal to Cow” samples.

Composition of milk
Milk other than Channel Islands milk

The average values for the percentage of fat and non-fatty solids for the four quarters and for the whole year are set out in tabular form.

Quarterly average table

Quarter	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.
First ..	287	8.61	3.58	12.19	265	8.67	3.61	12.28	22	7.86	3.20	11.06
Second ..	222	8.78	3.55	12.33	221	8.78	3.56	12.34	1	8.39	2.90	11.29
Third ..	205	8.82	3.61	12.43	201	8.83	3.62	12.45	4	8.65	2.76	11.41
Fourth ..	181	8.79	3.75	12.54	165	8.86	3.78	12.64	16	8.04	3.38	11.42

Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.
1965	895	8.74	3.61	12.35	852	8.77	3.64	12.41	43	8.01	3.22	11.23

Channel Islands milk

Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.	No.	Non-fatty solids per cent.	Fat per cent.	Total solids per cent.
1965 ..	47	9.09	4.50	13.59	47	9.09	4.50	13.59	—	—	—	—

Adulteration of milk

Out of a total of 942 samples of milk including raw milk, pasteurized milk, sterilized milk, and Channel Islands milk, 43 were reported as either containing added water or being deficient in fat.

It has been mentioned in recent annual reports that the “payment for quality” scheme operated by the Milk Marketing Board has necessitated a system of regular testing of milk supplied by farmers to dairies. In general these tests are performed at the dairies by arrangement, the results being primarily intended to determine the rate of payment. Such tests are carried out by staff entirely unconnected with the public analyst’s laboratory. Milk producers are of course aware that tests may be performed on any day of the month and that results are to be recorded at least once per month. These records include the percentages of butter fat and of non-fatty solids. The operation of the scheme provides a constant incentive to qualify for the standard rate of payment without penalties, and it seems clear from results obtained in this laboratory that the amount of naturally poor milk delivered at Manchester dairies has fallen to a very low proportion of the total. Milk is naturally poor when, though not adulterated with added water or by abstraction of fat, it contains less than the required percentage of fat or non-fatty solids. Such milk is the result of some failure in management of the herd; for example, the selection of poor stock, or the use of inadequate buildings, or insufficient, irregular, unbalanced or unsuitable feed. If the deficiency is not very serious the milk is paid for by the Milk Marketing Board at a lower rate. The producer is notified and he is encouraged to try to improve the quality of his output. At the same time the rate of sampling at the dairy is doubled or quadrupled. At the end of six months the producer may have qualified to have his milk paid for at the standard rate. The encouragement and the incentives have their effect, and the standard of dairy-farming in general is higher now than ever before.

However, adulterated milk does sometimes reach the City and when this occurs action must be taken by the officers appointed under the Food and Drugs Act. On a modern farm, water is used for many purposes, including the rinsing of churns, the cleaning of automatic milking equipment, and for operating coolers of various types. Water may gain access to the milk by accident or carelessness or even intention, but the opportunities for such accidents are certainly more numerous than they used to be. For the protection of the public, the Food and Drugs Act makes it an absolute offence to sell milk containing added water, no matter whether the addition was accidental or deliberate, and no matter whether the vendor was personally responsible for the addition or not. Further, to safeguard the purchaser, it is laid down in the Sale of Milk Regulations that when a sample of milk is found on analysis to contain less than 8·5 per cent of non-fatty solids, it may be presumed, until the contrary is proved, that the deficiency is caused by the addition of water, and if the sample contains less than 3 per cent of fat it may be presumed, until the contrary is proved, that the deficiency is caused by the abstraction of fat.

On the other hand, it would be a complete defence in any legal proceedings alleging adulteration of milk, to show that any deficiency in the composition of the milk was attributable entirely to natural causes. It is therefore very desirable that when samples of milk are found on analysis to be below the presumptive limits fixed by the Sale of Milk Regulations, an opinion should, if possible, be expressed as to whether the deficiency could be entirely due to natural causes. The sampling procedure described in a schedule to the Act enables sampling officers to procure samples at the farm immediately after milking—the so called “appeal to the cows”. This procedure has proved to be a very valuable aid to public analysts, though originally designed as, and still serving as, an additional safeguard for farmers. The Hortvet freezing point test is now a well-established procedure in milk examination and provides confirmatory evidence as to the presence or absence of added water. But sometimes a combination of factors calls for extra vigilance. It may happen that extraneous water has gained access to milk which was itself naturally poor beforehand.

A striking example came to light when a complaint was investigated by sampling farm milk as received at a City dairy. The consignment consisted of 23 churns and a formal sample was taken from each individual churn. There was no overall fat deficiency, the average fat percentage being 3·40 in spite of the fact that some of the churns contained watered milk. Non-fatty solids varied from 6·92 to 9·06 per cent. No fewer than seven samples, whose non-fatty solids content ranged from 8·19 to 8·43 per cent and might thus have been “presumed” to contain added water, were cleared from this suspicion by the freezing point test. One of the samples obtained by the “appeal to cows” procedure contained only 8·31 per cent of non-fatty solids, while its freezing point was quite normal. A further six samples had non-fatty solids above 8·5 per cent, the range being 8·52 to 9·06. These were of course not suspected of containing added water, and their freezing points also supplied confirmation of genuineness. The remaining ten samples were deemed to contain added water, the highest percentages found being 12·9, 11·5, 10·5, 6·1 and 5·1. These percentages were arrived at by comparison of the composition of the samples with the corresponding “appeal to cows” samples, and were closely supported by figures calculated from the freezing points. Legal proceedings were taken only in respect of these five samples. The remaining five samples were estimated to contain added water in the following proportions: 1·7 per cent, 1·3 per cent, and three smaller indeterminate amounts. It may be pointed out that this particular set of 23 samples might have been presumed under the Sale of Milk Regulations to have included 17 samples of watered milk. The application of the Hortvet freezing point test reduced this number to ten, and showed that of these only five had been

seriously watered. At the same time the composition of much of the milk from this source was shown to be of poor quality before the additional water had gained access. The producer would no doubt suffer penalties in the form of reduced payment, but this decision would be entirely the responsibility of the operators of the Milk Marketing Board scheme. The result of legal proceedings in respect of five samples was that the vendor pleaded guilty and was fined and ordered to pay costs.

Another example of the addition of water to milk which was already of naturally poor quality was afforded by the composition of 12 formal samples, one from each churn of a farmer's consignment. Judged merely from the presumptive minimum limit of 8·5 per cent of non-fatty solids, the amounts of added water in eleven of these samples would have been taken to be 1·7 per cent, 4·9 per cent, and the rest in the range 5·0 to 10·0 per cent. One of the "appeal to cows" samples contained only 8·15 per cent of non-fatty solids while at the same time having a completely normal freezing point. When the freezing point test was applied to the original twelve samples the results showed that four samples contained no added water, while the proportions of water in the remaining eight ranged from 0·5 per cent to 2·7 per cent. No legal proceedings followed.

Two other cases of added water in milk, in transit from farms and sampled at the place of delivery in the City, led to legal proceedings. Six out of nine formal samples representing milk from a farm contained added water in the range of 2 to 9·9 per cent, while from another farm six out of six samples had additional water in the range of 1·8 to 26·1 per cent. During the whole year, proceedings in respect of added water in milk led to fines totalling £40 and orders to pay costs amounting to £20 2s.

Two informal samples representing farmer's milk were found to contain 7 and 9·7 per cent of added water. The corresponding formal samples, taken after a few days, consisted of genuine milk.

For an informal sample of sterilized milk there was submitted an unopened one pint bottle having a sound and tightly fitting "crown-cork" type of closure. The contents on examination showed 9·5 per cent of extraneous water. This result led to an investigation at the sterilizing plant, with the effect of reducing the probability of any repetition of the error. The proprietors were cautioned.

In all of the nine instances throughout the year where fat deficiencies were observed in samples of milk, the samples represented individual churns of milk from farms, and invariably the average fat content of all the samples representing the consignment was over 3 per cent, indeed it was usually over 3·5 per cent. No action is taken in any such cases, provided that all the milk in a consignment is to be bulked together as a preliminary to processing.

As a result of the Hortvet freezing-point test, 24 samples of milk having less than 8·5 per cent of non-fatty solids were adjudged to be free from extraneous water. The percentages of non-fatty solids ranged from 7·98 to 8·43 per cent, and the freezing points of the samples spread between $-0\cdot529$ and $-0\cdot552^{\circ}\text{C}$.

Samples other than milk.

Some notes on cases of adulteration or irregularity

Alcoholic liquids, spirits—rum and vodka (formal samples). A private individual made a complaint to the Health Department that rum and vodka served at a public bar in the City were being adulterated with water. Sampling officers, though faintly suspicious of the source of the complaint, recognized that a thorough investigation should be made. At the bar, rum, gin and whisky were on sale from bottles bearing well-known labels. The bottles and labels could easily be seen by the ordinary customer. A number of "double" measures of

rum, gin and whisky were purchased to provide sufficient quantities, in each case, for division into three parts and submission as formal samples. On analysis the respective strengths of the samples in terms of percentage proof spirit were: rum 61·7; gin 69·9; whisky 69·9. Spirits may not be sold at a strength weaker than 35° underproof (=65 per cent of proof spirit) unless notice is given to the purchaser at the time. The strength of the rum as sold was equivalent to that of a mixture of 4·9 parts of water with 95·1 parts of a spirit itself 35° underproof.

Vodka was on sale from a labelled bottle which had been previously opened. The sampling officer asked to see the label and pointed out to the bar-tender that the label bore the printed figure 65·5° proof. A formal sample was procured, and on analysis was found to have a strength of 59·4 per cent proof spirit. This was equivalent to the strength of a mixture of 8·6 parts of water with 91·4 parts of a spirit itself 35° under proof. Legal proceedings were taken against the licensee in respect of the rum and vodka. In each case fines of £25 were imposed with orders to pay £5 5s. costs.

Bottled fruit—rhubarb (informal). Here rhubarb is classified with fruit merely for convenience, the bottled products being of a similar general type. A sample was submitted in the packers' unopened container, which was a hermetically-sealed glass jar. The jar bore a printed label with the description "Unsweetened Rhubarb" but no statement of ingredients. There was the name of the packer but no address. Instead, there was a small pictorial design with the words "Trade Mark". The Labelling of Food Order requires (where an address is not given) that a label shall display a trade mark accompanied by the words "Registered Trade Mark" in full. On analysis, the sample was found to contain two added dyestuffs, identified as Ponceau MX and Red 2G. To comply with the Labelling of Food Order, the presence of added dyestuffs must be declared in a statement of ingredients, as for example: Rhubarb, colouring. The packers were cautioned and agreed to correct the label.

Canned fruit salad (informal). A can bore a printed label with the packers' name and address and a statement of ingredients:—Apricots, peaches, pears, pineapple and cherries. On analysis, the cherries were found to be coloured with the dyestuff Erythrosine, a colour included in the schedule of permitted dyes in the Colouring Matter in Food Regulations. The statement of ingredients should have included the word "colouring". The packers undertook to amend the label.

Canned soft drinks (two informal samples). Lemonade and ginger beer were found to contain 0·5 and 0·4 parts per million of lead (Pb) respectively. The two cans were internally lacquered, but both had a thin line of exposed solder inside the can at the side seam. The 1961 Lead in Food Regulations fixed a temporary limit of 0·4 parts per million until 20th April, 1964, thereafter the limit was fixed at 0·2 parts per million. All remaining stocks to which the samples corresponded were surrendered and destroyed. These samples were taken in January 1965. Earlier than this, as the date fixed for the more stringent lead limits was approaching, many canners had changed over to a solder having a high tin content. Samples of cans sealed in this improved way have been satisfactory.

Canned vegetable products—stringless green beans (informal). This foreign-canned product was found on analysis to contain the permitted dyes, Tartrazine and Green S. To comply with the Labelling of Food Order the presence of added colouring matter should be declared upon the label. No such declaration was made. Importers were cautioned, and undertook to have the labels corrected upon future supplies.

Canned vegetable products—vegetable salad (informal). The label on a can of vegetable salad sampled at the end of 1964 was considered to be unsatisfactory because it failed to declare the ingredients in descending order of weight (as

required by the Labelling of Food Order). For further investigation a further informal sample was requested, this time consisting of six exactly similar cans of the same product, which had been imported from the U.S.A. and had been labelled in the country of origin. On the label the vegetables were named in the following order:—peas, red kidney beans, green string beans, sweet peppers, celery, carrots. The drained weights of the constituent vegetables from the six cans were:—

										Grammes	
										Average	Range
Peas	..	..	..	..	..	..	..	..	..	47	40—63
Green string beans	..	..	..	..	..	..	..	..	..	45	35—53
Carrots	..	..	..	..	..	..	..	..	..	33	29—38
Red kidney beans	..	..	..	..	..	..	..	..	..	30	22—37
Celery	..	..	..	..	..	..	..	..	..	7	5—11
Sweet peppers	..	..	..	..	..	..	..	..	..	4	2— 6

Thus the label of this imported product completely failed to comply with British requirements.

Cake decoration (informal). This was sold in the form of a block resembling chocolate. The wrapper was transparent and had printed matter upon it including an invented proprietary name and a list of ingredients:—“Sugar, vegetable fat, skimmed milk solids, cocoa powder, emulsifier, salt, vanillin” There were also directions for use as cake-icing. Except in one instance, the product was always referred to by its proprietary name. The exception read thus, “Place a bowl containing the chocolate in a shallow pan of hot water”. Analysis showed a composition in agreement with the statement of ingredients. The opinion was expressed that the name “chocolate” should not be applied to a product containing vegetable-fat other than cocoa-fat. A caution was communicated to the makers, who stated that they had already amended the label. They submitted a specimen label, which was satisfactory.

Cereals mixed (informal). The description ‘mixed cereals’ was applied by the packers to a product intended for addition to soups. The ingredients were declared in the following order:—“Pearl barley, split peas, lentils, rice”, and the mixture would be more correctly described as “mixed cereals and pulses”. The stated ingredients were present in the following proportions:—barley 56, split peas 16, lentils 26, rice 4. In respect of this sample the statement of ingredients did not name the components in descending order of weight, but in view of the possibility of segregation of the mixed ingredients during handling prior to packing, the infringement was regarded as a minor one. A further informal sample, consisting of three packets of the same product, was procured, and the average proportions found were:— barley 51, split peas 25, lentils 19, rice 5. Thus the ingredients were in the declared order. No other action was taken.

Lard and cooking fat. An informal sample of cooking fat consisted of a half-pound block of fat wrapped in grease-proof paper bearing printed matter. The complete wording consisted of a proprietary name accompanied by the words “Registered Trade Mark”, together with the description “Pure Cooking Fat” and the declaration of weight “½lb net”. On analysis, the sample was found to contain a permitted antioxidant, namely butylated hydroxy-anisole, in the proportion of 70 parts per million; that is to say, within the limit of 100 parts per million fixed by the Antioxidants in Food Regulations. But to comply at the same time with the Labelling of Food Order, the label must also state that an added ingredient, namely an antioxidant, is present. The packers at first questioned the view that a separate declaration of antioxidant was necessary. This view they based upon a reading of the Antioxidant in Food Regulations in isolation. A High Court decision makes clear the necessity for a declaration of antioxidant on the label. The packers agreed to amend the wording on the wrapper.

Soft drink powder (informal). A newly-marketed proprietary product consisted of an effervescent saline, sweetened and flavoured, containing added vitamin. The label bore a statement of ingredients, and analysis revealed no departure from the stated composition. In addition to sugar, the powder contained an artificial sweetening agent, sodium cyclamate, whose presence was declared in the list of ingredients. Sodium cyclamate is now a permitted sweetening agent in soft drinks, but the permission contained in the Soft Drinks Order refers only to soft drinks and the definition of "soft drinks" does not include powders. Products other than soft drinks are still governed by the Artificial Sweeteners in Food Order 1953, which does not permit the use of cyclamates. The situation has been brought to the notice of the manufacturers who have declared their intention to change the composition of the product and to avoid the use of sodium cyclamate.

Vinegar, malt (informal). A sample was submitted in a clear bottle bearing the packers' original label with the description "Pure Malt Vinegar". The contents were easily visible as a water-white fluid, which on examination had an aroma of malt vinegar but had the composition of a distilled malt vinegar. In this instance, there appeared to be no actual deception, and the product was considered to be of good quality. But a true description on the label would be "distilled malt vinegar". The packers agreed to alter the label.

Drugs.

Indian brandy (informal). This product is probably best classified as a traditional domestic remedy, but its intriguing (and meaningless) name is still well enough known to induce a small demand. A sample was submitted in the packers' original bottle having a screw cap of hard moulded material, with a coated-cork disc to form the actual closure. A formula was printed on the label, indicating the presence of spirit of nitrous ether in the proportion of one part in six parts of the mixture. On analysis, no ethyl nitrite was found. The maker was advised (if he wished to continue to market a product with a very volatile and somewhat unstable ingredient) to improve the effectiveness of the stopper and to store in very cool conditions.

Sampling of drugs

The revolutionary change in the type of medicinal preparations most commonly used in the average household has clearly shown the need for a new approach to sampling. Medicines prepared or extracted from natural products are gradually but continually being superseded by synthetic products produced by the modern pharmaceutical industries. Many of the new drugs are of high potency, and for the safety of the user many of them are only sold to the public on medical prescription. Any well-planned sampling system should now include this type of drug. The Food and Drugs Act empowers sampling officers to procure such samples for analysis without tendering a prescription. It is only reasonable to expect that sampling officers might need some guidance in view of the technical nature of the subject and of the extremely complicated scientific names of many of the synthetic drugs. Most of the products of this type are given a "trivial" name, which is often also a proprietary name, and even the trivial name may be quite forbidding and fantastic on first acquaintance.

Drugs submitted for analysis may be classified generally into three categories, domestic remedies, pharmacopœial products, and modern proprietary medicines, but the classification is not clear-cut. Of a total of 69 samples, there were 33 domestic remedies, 25 described in the B.P. or B.P.C., and 11 modern proprietaries, of which 5 could only be sold to the public on medical prescriptions. It may be noted that many synthetics have received recognition as ethical drugs and are described in the pharmacopœias under "official" names, but continue to be sold under proprietary names. In this field the fashion was set by one of the earliest examples, acetyl-salicylic acid, almost universally known as aspirin.

Notes on samples which, though not classified as “adulterated or otherwise giving rise to irregularity”, raised some points of analytical or administrative interest.

Canned stewed steak with gravy (informal). A sample was submitted in the original unopened can for examination with reference to a complainant’s statement that “the contents of a can of the same brand consisted of corned beef cut into cubes”. Results of analysis did not support the complainant’s view, but it was noted that a quantity of fat had collected at one end of the can, and when the pieces of meat were seen enclosed in the solidified fat the mass had some resemblance to corned beef.

Claims that manufactured products contained butter or cream. Samples tabulated below were examined with a view to testing the validity of the claims made.

Description	Percentage butter fat in total fat	Percentage butter fat in original sample
Cake “baked with butter, buttercream filling”— cake	66	2·1
filling	100	27
Cake “over half the fat content is pure butter”.. .. .	66	10
Cake ‘baked with butter’	35	2·2
Butter sponge cake “baked with all butter” sponge	75	9·2
lemon filling	100	25
Genoa cake “with butter”	59	5·0
Sponge cake “baked with all butter”	80	10
Parkin “contains pure butter”	29	3·5
Biscuits “all butter”.. .. .	100	17
Biscuits “even with all that butter”	83	22
Biscuits “taste the butter”	60	14
Biscuits “with New Zealand butter”	58	14
Biscuits “with New Zealand butter”	67	16
Butter shortbread	100	23
Shortbread biscuits “all butter”	100	25
Eccles cakes “containing pure butter”	49	17
Eccles cakes “containing pure butter”	49	17
Beef spread “with butter”	75	8·5
Salmon spread “with butter”	50	4·0
Canned porridge “with dairy cream”	100	2·0

Two samples of "bread and butter" were examined to investigate complaints that margarine had been used. One sample consisted of bread and margarine but there was no satisfactory evidence that bread and butter had been definitely offered for sale or asked for. The fat from the other sample consisted of about equal parts of butter fat and margarine fat. On this occasion the complainant had specially asked for bread and butter in the presence of a witness. The person selling the article had said "this is all we have". When a sampling officer visited the place of sale, one of many shops owned by a large bakery, he saw a notice clearly visible to the public declaring that a mixture of margarine and butter was used on "bread and butter".

Samples examined for the Health Department

Specimens in connection with lead poisoning in an infant. Various specimens were submitted in an attempt to locate the source of lead. Three specimens of paint scrapings were examined; two were found to contain a titanium oxide pigment showing no significant amounts of lead, while one was a varnish devoid of pigment. The infant had a constant habit of sucking toys and other objects, and a large collection was examined including some toys moulded from coloured plastics. Red plastic toys with tooth marks contained less than 100 parts of lead per million. The source of the poisonous dose of lead was not among the specimens submitted.

Samples in connection with suspected cases of food poisoning. From three separate outbreaks, a can of peas similar to those suspected, a residue of peas as prepared for a canteen meal, and fish balls preserved by bottling, all gave negative results when tested for irritant metallic poisons. On examining the container in which the third of the above specimens was submitted, it was noted that the gasket of the bottle-closure had frilled, and that though the specimen submitted appeared to be well sealed, there was a possibility that a similar seal might have failed and permitted bacteriological spoilage or infection with pathogenic organisms.

Examination for soundness. In a number of instances requests were made for an opinion on the condition of stocks of canned goods. A number of varieties of canned baby food were intended for the relief of famine overseas. These were quite sound. Some cans of corned beef had localized areas of staining near the point of sealing, but were otherwise in good condition, and only slight trimming would be necessary before consumption. Cans of corned meat loaf were closely inspected and deemed to be completely sound subject to bacteriological confirmation. The contents of some large cans of pork luncheon meat were said to have dark stains on the surface. The can examined was internally in good condition. Except for a small darkened area near one end, the tin coating was intact, exhibiting no more than a normal degree of sulphide staining. Near the small darkened area there had been an air space in the can and corrosion had reached the steel base of the tin-plate. At some time later the can had been warm enough for a small amount of jelly to melt, carrying stains to other parts of the surface of the contents. Iron was detectable in the stained patches which were mostly upon a lining of parchment paper, but some streaky marks were also present upon the luncheon meat itself. The extent of the staining was sufficient to make the product unsuitable for consumption in the normal way. A private purchaser's sample of canned pork luncheon meat had similar stains and the complaint was considered to be justifiable though the actual spoilage was very slight.

A dark brown stain on bacon consisted mainly of substances derived from the process of bacon-smoking, but there was also road-dust contamination. The specimens examined indicated a serious lack of hygiene in handling, but contamination could be removed by trimming under supervision. A sample

of almond flavouring was submitted because a user complained that a drop caused a burning sensation on the tongue. The product was in fact an alcoholic solution and could normally be expected to cause the sensation complained of. Complaints of taint were investigated in respect of canned corned beef and canned crab. Freshly opened cans were submitted to smelling and tasting tests by a panel of four persons and the complaints were not supported. Panels also investigated complaints of taint in canned peaches, canned semolina pudding, an ice-olly and a mineral water. No taint was detected in the canned peaches, ice-olly or pudding, and in the mineral water none was observed by taste, but an extremely faint paraffin-like taint was observed by smell. The amount present was below the level demonstrable by ordinary chemical analysis.

On two occasions specimens were examined to determine the nature of contaminants seen on the surface of sides of bacon after transport in road vehicles. Such bacon is wrapped in hessian cloth which comes into contact with the floor of the lorry. The hessian is liable to become soiled, and sometimes soiling penetrates to the surface of the bacon. Scrapings regularly contain much vegetable fibre from the hessian; and in addition, sawdust, fine sand brick dust, coal dust and road dust have been found.

Foreign matter in food. As before in recent years, foreign objects (real or suspected) in great variety, have been the subject of complaints from members of the public. In some instances, it might seem that complaints were made more from curiosity than from any serious dissatisfaction or alarm, because once the foreign matter had been identified, little further interest was shown. Not all the findings were trivial. In a few cases where potentially dangerous things were found in food there was insufficient evidence to show who was responsible, and in at least one case where the evidence appeared to be complete and clear, the complainant himself refused to co-operate in the taking of legal proceedings.

The contents of a small can of corned beef had an irregular fragment of aluminium embedded centrally in it. The metal weighed one-fifth of an ounce and there was strong evidence that it had been present in the meat before it was canned. Probably it had been broken from a vessel or part of a machine at the factory. A lump of solder weighing one-sixth of an ounce was found in an ice-cream cornet. The shape of the metal indicated that it had formed the corner of a rectangular box (probably of tinned sheet iron). The ice-cream was made in another city and transported by road. Enquiries at the place of manufacture established the source of the metal. Two tiny pellets of bright metal in an ice-olly consisted of pure tin, and might be explained as droplets of loose metal left in the mould after re-tinning.

Five complaints referred to the presence of pieces of broken glass in food. In two instances splinters of glass had been noticed when butter was being applied to bread—a slice from a loaf and a toasted teacake. No glass was found in the remaining bread. Examination of the glass showed that in one case it was a splinter from an article having a curved moulded surface, in the other from a much worn surface such as the bottom edge of a milk bottle. When considering the implications of such findings, it has to be remembered that breakages of glass are very common domestic accidents, and that if a particle of glass happens to fall on to butter, the glass becomes almost completely invisible. A complainant produced a transparent splinter said to be found in a sausage-roll. The splinter was shown to be a fragment of hard plastic material, and its actual source was not determined. Two different complainants found what they thought were splinters of glass in cheese-spread,

These were crystals of sodium phosphate, a substance permitted in cheese spread as an "emulsifying salt". The manufacturers were informed and it was suggested to them that they should modify their process so as to prevent the formation of these crystals in the final product.

A type of complaint recurring with regrettable frequency concerns the presence of rat or mouse droppings in food (usually flour products). Black particles found in potted meat were shown to be the excrement of mice, and enquiry showed that the foodstuff had been prepared outside the City. An inspector of the health department of the local authority visited the factory and found evidence of mice on what were usually well-kept premises. Mouse dirt found in a cake of bread was traced back to a bakery close to a demolition area. The bakery was under regular contract for disinfestation, and immediate action under the contract was arranged. In the circumstances, a caution was administered. Similar contamination of bread cakes from a different bakery was followed by an inspection of the premises and mice were found. In this instance the complainant refused to give evidence though legal proceedings might otherwise have been appropriate. The baker was cautioned.

More than half of the complaints that rodent excrement was present in food were in fact mistaken though sometimes the appearance was deceptively realistic. Dough is often conveyed by machinery and it sometimes happens that small pieces of soiled dough are rolled by moving parts of the mechanism into shapes closely resembling those of rodent droppings. Such mischances accounted for three different complaints. Occasionally a burnt crumb from a previous baking is caught up in the dough and this led to one more complaint of the presence of mouse-dirt. A small dark spot in the crust of a meat pie was under similar suspicion, but was shown to be an unusually compact colony of mould with blackish spores. A hole in the corner of a packet of pre-packed food was deemed to be the result of machine damage and not of rodent attack.

Streaky, black or grey discoloration in bread caused four separate complaints. Three of these were attributable to soiling of the dough by contact with parts of the machinery used at the bakery. Such soiling may be seen to follow the conformation of the dough as it takes the shape of the metal holder in which it is baked. In each case, the soiled bread was found to be richer in iron than the rest of the specimen. But the dark streaks which gave rise to the fourth complaint showed no excess of iron and were found to consist of numerous minute black particles of burnt flour probably from a previous baking.

On cutting a loaf of brown bread, a complainant noticed streaks of a pinkish substance. This consisted of shreds of paper bearing some printed matter and was later perfectly matched by a tag label from a flour sack. Another complaint referred to a hard lump in the bread from which a sandwich had been made. This was wall-plaster with green paint on one of its surfaces, and exactly fitted into a small hole in a damaged wall found at the bakery by the sampling officer investigating the complaint.

While eating a small teacake a complainant had found a small brownish lump which on examination was seen to consist of entangled and broken unbleached vegetable-fibres. This could easily have been rubbed off by ordinary wear and tear from a flour sack. Four consecutive slices cut from a white loaf by hand all had a stain near the middle. All the staining was caused by a single currant which must have been soft and wet when it accidentally fell into the dough. Other foreign bodies found in bread were a hairpin, a piece of wire with a sharp point and a number of splinters of soft brown wood. How these came to be present could not be discovered.

Brushes may form parts of food-handling machinery and may sometimes be the source of bristles found in food. A tuft of animal hairs resembling part of a brush, gave rise to a complaint when it was found in a small meat-pie; and a tuft of vegetable bristles, together with some of the adhesive in which they had been set, were found in a tin of soup. A complainant submitted some strands of coarse string, said to have been found in sausage. A human hair about three inches long was said to have been found by a complainant in a mince pie. Another complaint referred to some hairs seen near the surface of canned lambs' tongues set in jelly. These were complete hairs and were still attached to small shreds of skin. They had the character of lambswool and were the result of imperfect separation of waste from edible meat during trimming. A hair found in cheese was also a complete specimen from bulb to tip and resembled lambs' wool.

A few complaints referred to the finding of insects in food. A small insect visible upon the contents of a meat-and-potato pie was identified as a saw-toothed grain beetle. A grub seen in canned soup had the characteristics of an insect larva. An insect found in the crust of a pie was identified as a crane fly. But in this field also, some complaints were mistaken. When eating hot-pot served upon a plate, a complainant picked out and submitted separately what was thought to be an insect. This consisted entirely of vegetable tissues and was probably a shred of leek. A small object picked out from butter beans had at first sight a very strong resemblance to the pupa-case of a moth. This was found to be composed of hard woody tissue and might have been a short piece of stem with strongly marked natural scars upon the surface.

Local overheating caused blackening of small portions of the contents of cans and led to complaints about corned beef and savoury roll. A very minute amount of dirty matter caused an easily visible black spot on a meringue which provided an intensely white background. Among a quantity of rice flakes a very few had slight rusty marks on the surface. Ground rice had a somewhat speckled appearance and a sample was submitted to be tested for infestation by mites. Mites were not found, and the small particles of faintly coloured matter were mainly derived from the natural tissues of rice. Splinters of soft wood were found in imported jam, perhaps derived from wooden vessels in which fruit had been stored. Among the fruit in a small fruit pie was a small lump of earth.

A specimen submitted by a complainant consisted of the contents of a can of processed peas containing a dark object. After having been freed from the adhering thick suspension of cooked pea-starch, the object was seen to be a small adhesive dressing made of elastic fabric and shaped for a finger-tip. The outside of the dressing was intensely soiled with fine black matter whose origin could not be certainly determined. The dressing might have come from the finger of someone working with machinery, perhaps a maintenance mechanic at the canning factory. This complainant resolutely refused to co-operate in the taking of legal proceedings. The facts were reported to the canners who were cautioned.

Foreign matter was reported to be present in a one-third pint school milk bottle. A sampling officer visited the school and found that there was a heavier layer of brownish-coloured milk at the bottom of the bottle, covered with milk of normal appearance. Analysis indicated that the added substance was toffee.

It is now generally understood that mould growing upon food does not usually, in itself, constitute a danger to health. This is certainly true of the common green mould, though it is known that a few moulds may in special conditions produce harmful substances. In the ordinary way, mould can be taken as a sign of age, staleness, and lack of hygiene, and mouldy food may be considered to be "not of the quality demanded by the purchaser". The growth

of mould causes changes in the composition and flavour of the food, and though such changes are intentionally produced under controlled conditions in some foodstuffs such as cheeses, in general mouldiness represents an early stage of putrefaction, so that well established and extensive mould would normally be a sufficient cause to condemn the food as "unfit for human consumption". Certain articles such as fruit pies become liable to mould after a short shelf life. In shops, such stocks should always be date-marked or otherwise handled under a rigidly date-controlled system so that nothing but the fresh product can reach the sales counter.

In the investigation of complaints about mouldy food, the date and time of sale and the date and time of the complaint must be taken into consideration, because there is always a possibility that mould may have developed during the time that the foodstuff was in the complainant's possession. Specimens submitted to the laboratory are examined immediately and the extent of any mould is noted at the time.

A Swiss roll, originally in a thin transparent wrapper, had a number of small greyish spots on the surface. These were unusually small and inconspicuous colonies of mould, but were seen microscopically to be producing very numerous spores. Two very different types of mould had grown inside a hollow in a cream puff. The surface of the fruit filling inside a fruit tart was covered with mould threads. A complainant found some hard lumps enclosed in the cake portion of a doughnut. Each lump had a dry brown centre which was largely composed of a mass of mould mycelium. On several occasions when milk from a certain farm arrived at a dairy some greyish flakes were noticed floating in the creamy layer at the top of the usual ten-gallon metal milk container. Unexpectedly, the grey flakes were seen on examination to consist of a thin tissue of mould mycelium with numerous spores. Later the sampling officer submitted a specimen of a similar type of mould which he had obtained as a scraping from the inside of the metal lid of the milk container, indicating a failure to clean the lids, over a period of at least several days. A small fancy pastry product contained several blackish flecks which had been thought to be mould colonies, but were shown to consist of small burnt crumbs from a previous baking.

A few complaints were received from consumers about the presence of a small, fine, greyish sediment seen in unopened bottles of milk as delivered. Sediment from pasteurized milk contained vegetable tissue and sand with a form of "milk stone" (rounded concretions largely composed of calcium phosphate) all the particles being of microscopic dimensions, and the total quantity of foreign matter being very small.

Milk, even when produced under the cleanest conditions at the farm, always entraps a few dust particles derived from hay or straw or feeding-stuffs. Before processing at the dairy, milk is passed through filter-cloths, and the presence of sediment in processed milk may be due to imperfections in the filtration process. A somewhat similar but still finer sediment in sterilized milk was harder to recognize. Vegetable and mineral particles were present, and a likely explanation was that fine particles similar to those seen in pasteurized milk had been still more finely divided during the process of homogenization of the milk prior to sterilization. The whiteness and opacity of sterilized milk produced a background against which a very little sedimentary matter appeared conspicuous. Pink splashes upon both the outside and the inside of a milk bottle consisted of a tough film of titanium-dioxide-based paint.

A shopkeeper made an enquiry through an inspector of the Health Department as to whether it was permissible to sell prawns which had been dyed. A specimen examined in the laboratory was seen to be tinted with a pinkish colour. Only a small amount of colour was present, mainly upon the shells and appendages of the prawns. The dye was identified as Ponceau 4R, and it was considered to be a lawful addition to cooked prawns.

Samples from other sources

Manchester Port Health Authority. Thirty-two samples of imported food were submitted to the laboratory and subjected to examinations which may be classified under the following headings (some samples appear under more than one heading): 15 for preservatives and antioxidants, 8 for metallic contamination, 8 for added colouring matters and 9 for various other reasons.

It has been shown that the toxicity associated with isolated batches of groundnuts is due to the growth on the nuts of a fungus *Aspergillus flavus*, which produces in small amounts aflatoxin, a substance highly toxic to poultry. A series of five samples of peanuts in shell, imported from the Middle East, were submitted for examination for aflatoxin. The method employed was shown to be capable of detecting 0.05 parts per million of aflatoxin in the edible portion of the foodstuffs. No evidence of the presence of aflatoxin was obtained in any of the samples.

Twenty-one samples of drinking water were procured from ships in the port, one following a complaint of an "off-taste". No taint was observed in the sample in the cold, but a scarcely perceptible taint was observed on warming. The results of chemical analysis were satisfactory in every case.

Housing Department. Three specimens of plaster from walls of occupied houses were submitted for the identification of an adherent film which had caused discoloration. The films were recognized as fungal growths.

Weights and Measures Department. A specimen of soap flakes was examined in relation to specification and delivery weight.

Regional Poisons Advisory Service. Lump cyanide used in a commercial metal-treatment process was found to contain 93 per cent of sodium cyanide. After the process was completed the residue contained no cyanide. This result was of value in relation to disposal.

Drinking water and other water samples

The water samples examined during the year were made up as follows:—

Samples taken to investigate complaints.. .. .	23
Routine examination and checks following previous complaints	30
Examination of ships' drinking water	21
Samples other than drinking water	2
	—
Total number of samples	76
	—

The purpose of chemical analysis of drinking water in this laboratory is to assist in maintaining a check on the quality of water as viewed from the health standpoint. Corresponding samples are normally submitted to the Manchester Public Health Laboratory for bacteriological examination. Information is exchanged between the two laboratories with the aim of assessing the hygienic condition or potability of the water.

Twenty-three samples were submitted following complaints, of which over half related to the presence of “insects” or water-fleas in the water, in several instances coupled with a complaint of sediment. Other complaints referred to discoloration, usually coupled with one of sediment; one referred to abnormal taint, while two complaints suggested the water as a cause of illness.

One complaint regarding sediment and two complaints referring to “insects” were considered justifiable, while a further two regarding sediment and six referring to insects, were supported to a very slight extent. The remaining samples did not support the complaints in any way.

The Port Health Authority submitted twenty-one samples of drinking water drawn from ships in the port; these are dealt with separately under *Samples from other sources*.

Measurement of atmospheric pollution

The national survey of air pollution may now be expected to be nearing its later stages. Manchester’s contribution has been to supply data, from eight selected points, for smoke and sulphur dioxide as measured by the daily volumetric apparatus. One year’s results are tabulated.

Three standard atmospheric deposit gauges have been maintained with the results given below.

Standard deposit gauge
Grammes of deposit per 100 square metres
Monthly averages together with the averages for the previous five years

Station	Rainfall (millimetres)		Insoluble matter		Soluble matter		Total solids	
	1965	Five yearly average	1965	Five yearly average	1965	Five yearly average	1965	Five yearly average
Philips Park	75	71	725	783	394	379	1119	1162
Rusholme	71	67	416	429	317	302	733	731
Styal*	66	63	105	127	214	196	319	323

Grammes per 100 square metres × 0·0255=Tons per square mile
 *The Styal station is in a semi-rural area close to the City.

Volumetric apparatus for smoke and sulphur dioxide
Daily averages—microgrammes per cubic metre

Station no.	9 or 18 Rusholme or Chest Clinic			10 Brownley Green			11 Central			13 Withington			14 Miles Platting			15 Clayton			16 Springfield			17 Wythenshawe Centre		
	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio	Smoke	SO ₂	Ratio
1965																								
January	359	422	.85	121	213	.57	213	468	.46	146	242	.60	266	387	.69	346	407	.85	290	366	.79	117	231	.51
February	352	409	.86	162	251	.65	168	374	.45	162	264	.61	286	332	.86	311	371	.84	283	306	.92	159	266	.60
March	250	322	.78	80	192	.42	172	373	.46	114	208	.55	216	344	.63	216	325	.66	221	304	.73	61	155	.39
April	160	233	.69	63	138	.46	103	235	.44	68	157	.43	115	222	.52	154	247	.62	141	190	.74	58	120	.48
May	114	176	.65	43	100	.43	79	179	.44	50	110	.46	91	246	.37	122	213	.57	107	152	.70	39	99	.39
June	91	163	.56	34	102	.33	63	150	.42	38	121	.31	64	207	.31	93	191	.49	73	138	.53	32	98	.33
July	107	187	.57	32	93	.34	68	162	.42	34	95	.36	59	183	.32	95	180	.53	85	141	.60	33	103	.32
August	110	168	.65	43	84	.51	76	153	.50	48	103	.47	79	155	.51	106	170	.62	102	137	.74	35	91	.38
September ..	189	244	.77	60	114	.53	124	223	.56	84	128	.66	149	285	.52	181	238	.76	179	189	.95	64	98	.65
October	253	362	.70	100	151	.66	158	276	.57	110	176	.63	199	295	.67	235	260	.90	205	264	.78	87	128	.68
November ..	286	461	.62	142	199	.71	188	385	.49	154	238	.65	223	309	.72	288	317	.91	234	309	.76	125	182	.69
December .. .	325	432	.75	101	172	.59	252	419	.60	170	259	.66	308	385	.80	343	398	.86	238	340	.70	136	189	.72
Daily average for whole year ..	216	298	.73	82	151	.54	139	283	.49	98	175	.56	171	279	.61	208	276	.75	180	236	.76	79	147	.53

(Station 12 is not used for daily volumetric estimations)

The above results were calculated from tables supplied by Warren Spring Laboratory; sulphur dioxide from tables dated 1961 and still currently in use, smoke from revised tables dated 1965. Stations 9 and 18 represent the same district. Station 18 replaced station 9 from the end of June when the public analyst's laboratory was removed from the area.

Veterinary Services

Meat and food inspection

Food and Drugs Act, 1955

Meat Inspection Regulations, 1963

Approved lairages

Slaughterhouses Hygiene Regulations, 1958

School canteens

Bacteriological examination of shellfish

Slaughterhouses Act, 1958

New abattoir—progress report

Slaughter of Animals Act, 1958

Licences to slaughter

Merchandise Marks Act, 1926

Pet Animals Act, 1951

Animal Boarding Establishments Act, 1963

Riding Establishments Act, 1964

Diseases of Animals Act, 1950

Notifiable diseases of animals



Veterinary Services

F. P. Lawton, M.R.C.V.S., D.V.S.M., F.R.S.H., Chief Veterinary Officer

For the second consecutive year there was no clinical case of either tuberculosis or swine fever and together with the continuing favourable situation regarding foot and mouth disease this was most encouraging. It is to be hoped that this will stimulate interest in the prevention of other diseases of animals, and especially in the eradication of brucellosis.

Once again assistance and advice was readily obtained from the staff of the Public Health Laboratory and the Public Analyst's Laboratory and this co-operation is greatly appreciated.

Meat and food inspection

Food and Drugs Act, 1955

Meat Inspection Regulations, 1963

The slaughtering of animals was again confined to the City abattoir and one private slaughterhouse; all the meat produced in these establishments has been subjected to inspection. Inspection has not, unfortunately, been to the standards prescribed under the Regulations except in 10% of the abattoir throughput.

Slaughter of Animals (Amendment) Act, 1954

Approved lairages

No licences were issued authorizing the use of premises as lairage for animals awaiting slaughter; instead, as the Christmas period approached the lairage available at the new Manchester abattoir was utilized for this purpose.

Slaughterhouses Act, 1958

Slaughterhouses Hygiene Regulations, 1958

Food Hygiene (General) Regulations, 1960

New abattoir progress report

The Manchester abattoir and the associated meat market, now in the final stages of completion, were used for trials of the new slaughtering equipment, with considerable success.

Where less than perfection was achieved this was due to lack of familiarity with the new equipment.

School canteens

There were 805 routine visits to school canteens and 65 routine visits to central kitchens supplying meals to schools. A further 68 visits were made following requests from canteen supervisors for advice regarding the wholesomeness or quality of particular consignments of food.

Bacteriological examination of shellfish

All shellfish, of species usually eaten raw and which had not been treated in purification tanks, were subjected to bacteriological assay while in addition a proportion of those which had been so treated was sampled. It was established that untreated shellfish entering the fish market were derived from sources considered to be entirely satisfactory. Thirty-six samples were taken and none was rejected.

Bacteriological examination of watercress

Two consignments were sampled and neither was rejected.

Certificates for exported meat

Seventeen certificates were issued in respect of meat and meat products exported from Great Britain. Importing countries require each consignment to be accompanied by a certificate affirming freedom from disease on ante-mortem and post-mortem veterinary examination.

The Slaughter of Animals Act, 1958

This Act prohibits the slaughtering of food animals by any person who does not hold a licence, or a provisional licence, to slaughter. Fifty-one licences and four provisional licences were issued.

Merchandise Marks Act, 1926

Statutory Orders have been made with reference to bacon, ham, dead poultry, certain classes of chilled, frozen, boneless and salted meats, edible offal, salmon and sea trout; they provide that these foodstuffs shall bear an indication of origin and shall be readily identifiable when exposed for sale. There were a number of minor infringements each requiring only a verbal caution by inspectors.

Pet Animals Act, 1951

This Act prohibits the keeping of a pet shop without an appropriate licence granted by a local authority. Provisions are incorporated to prevent overcrowding, sale at too early an age, undue exposure to disease and to ensure an ample supply of water, food, warmth and ventilation. Forty-one licences were issued after visits of inspection by the veterinary staff.

Animal Boarding Establishments Act, 1963

This Act prohibits the keeping of a boarding establishment for dogs and cats without an appropriate licence from the local authority. The aim is to ensure satisfactory housing, feeding, and exercising of dogs and cats in boarding kennels. Additional requirements include the isolation of sick animals and the keeping of a register of all admissions and departures. Nine licences were issued following veterinary inspection.

Riding Establishment Act, 1964

This Act, which came into operation on 1st April, 1965, repealed the Riding Establishments Act, 1939. It prohibits the keeping of a riding establishment unless this has been inspected and subsequently licensed by the local authority. The aim is to ensure the provision of adequate accommodation, food, water and protection against fire, to avoid unnecessary exposure to disease and to prevent cruelty from any other source. Twenty-eight visits of inspection were made to the one riding establishment operating in the City.

Diseases of Animals Act, 1950

Markets (Protection of Animals) Order, 1964

Markets (Protection of Animals) Amendment Order, 1965

These Orders empower a veterinary inspector to remove from a market any cattle, sheep, goats or swine, which, as a result of injury or sickness, are considered to require treatment, and to arrange for such treatment accordingly. Further requirements necessitate the separation from other stock of bulls and horned cattle, and the housing of cows in milk, calves, and pigs in approved covered accommodation.

Exportation of dogs

Most countries require that dogs to be imported shall be accompanied by a veterinary certificate affirming freedom from clinical manifestation of disease. Two certificates were issued.

Diseases of Animals (Waste Food Order), 1957

This Order requires that all "waste food" intended for consumption by animals, including poultry, shall be boiled for one hour in a plant licensed by the local authority for this purpose. The aim is to prevent the spread of disease to animals by the consumption of infected food. There are thirty-six licensed plants in the City and no new licences were issued.

Transit of Animals Order, 1927-47

Conveyance of Live Poultry Order, 1919

These Orders are intended to ensure humane and hygienic conditions for the transportation and exposure for sale of animals, including poultry. Two hundred and six visits were made.

Notifiable diseases of animals

Anthrax

The year was once again marked by a national increase in the notifications of anthrax but no case occurred in the City. Specimens from 26 cattle, 85 sheep, and 5 pigs where the cause of death appeared obscure, were examined microscopically.

Brucellosis

The free immunization of female calves continued to be performed, on request, by the veterinary staff. There was no great demand for this service and it is hoped that eventually it will be replaced by a scheme based on the serological testing of milk and blood, with the slaughter of positive reactors.

Foot and Mouth Disease Order, 1938

The single outbreak of foot and mouth disease in Britain was found to have been caused by waste food, from a ship in the metropolitan area, having been fed to pigs without first having been boiled. The City remained free of restrictions.

Fowl Pest Order, 1936

For the first time in recent years it was not necessary to take any action under the above Order since no suspected cases of this disease were notified.

The Live Poultry (Restrictions) Order, 1957

The Live Poultry (Restrictions) Amendment Order, 1959

These Orders empower local authorities to grant licences for holding exhibitions of poultry, subject to records being available for inspection indicating the origin and destination of all poultry concerned. An application to hold an exhibition of poultry as part of the Manchester Flower Show in July was approved.

Swine Fever Order, 1963

Restrictions under the above Order, imposed in respect of 2 premises, were removed when further investigation did not confirm the diagnosis.

Regulation of Movement of Swine Orders 1950-1959

These Orders prohibit the movement of pigs from a market unless accompanied by a licence issued by the local authority. One of the provisions of such a licence is that in the case of private premises the pigs shall be detained there under conditions of isolation for a minimum period of 28 days. Eighty-five visits of inspection were made.

Tuberculosis Order, 1964

No clinical cases were observed or recorded within the City.

TABLE A
Animals inspected at time of slaughter at the City abattoir 1963-1965

Year	Cattle	Sheep and lambs	Calves	Pigs
1963	80,652	382,365	17,872	28,973
1964	78,893	354,537	10,576	30,635
1965	56,407	291,136	6,800	32,505

TABLE B
Total condemnation of various foodstuffs 1963-1965

Year	Meat (tons)	Fish and shell- fish (tons)	Fruit (tons)	Vege- tables (tons)	Game (head)	Poultry (head)	Rabbits (head)	Eggs (number)	Canned meats, milk and sundry provisions (tons)
1963	83.57	38.68	93.64	290.81	268	4,256	910	468	42.68
1964	69.18	27.56	74.47	183.88	637	3,115	417	456	48.04
1965	83.33	24.58	68.79	166.06	72	6,302	1,257	—	43.48

TABLE C
Meat condemned at the City abattoir and
wholesale meat market

	1965	1964
	tons	tons
Total weight of meat condemned at the City abattoir and wholesale meat market	83.33	68.13
Of which the weight of dressed meat consigned from places other than the City was	3.00	.98
	lbs.	lbs.
Included in which were imported offals amounting to..	4,011	2,278

TABLE D
Carcases inspected and condemned in 1965

	Cattle, excluding cows	Cows	Calves	Sheep and lambs	Pigs
<i>Number killed and inspected—</i>					
At the City abattoir	43,694	12,713	6,800	291,136	32,505
Brought into the City after killing	29,066 (21,899)		1,730 (3,299)	582,194 (150,834)	106,825 (62,754)
Figures for 1964 ..					
<i>All diseases except tuberculosis—</i>					
Whole carcases condemned:—					
At the City abattoir	72		40	395	52
Brought into the City after killing	7		3	30	22
Carcases of which some part or organ was condemned:—					
At the City abattoir	3,240		60	1,353	1,901
Brought into the City after killing	738		7	330	211
Percentage of the number inspected affected with disease other than tuberculosis:—					
At the City abattoir	5.777		0.882	0.464	5.846
Brought into the City after killing	2.413		0.453	0.047	0.188
<i>Tuberculosis only—</i>					
Whole carcases condemned:—					
At the City abattoir	1	—	—	—	3
Brought into the City after killing	—	—	—	—	—
Carcases of which some part or organ was condemned:—					
At the City abattoir	—	14	—	—	183
Brought into the City after killing	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis:—					
At the City abattoir	0.002	0.110 (0.103)	—	—	0.606 (0.453)
Brought into the City after killing	0.002	0.001	—	—	0.002

Main causes of condemnation

The weight of meat and offal condemned from the various causes specified was as follows:—

	Meat lbs.	Offal lbs.	Total year ended 31st December, 1965	Total year ended 31st December, 1964
Tuberculosis.. .. .	2,248	406	2,654	4,440
Decomposition	11,981	6,338	18,319	16,987
Decomposition bone taint ..	5,792	—	5,792	5,297
Injury	7,662	1,460	9,122	8,127
Abscess	6,429	24,158	30,587	22,378
Emaciation	4,869	1,224	6,093	5,642
Dropsy	15,902	2,999	18,901	28,734
Parasitic	207	15,702	15,909	7,110
Parasitic distomatosis.. ..	—	2,000	2,000	—
Parasitic hydatid	—	5,019	5,019	3,046
Parasitic C. bovis	555	3,284	3,839	—
Mastitis.. .. .	1,603	1,936	3,539	—
Metritis.. .. .	661	210	871	—
Septicaemia	8,935	2,634	11,569	10,701
Pyæmia	4,835	1,105	5,940	5,245
Pneumonia	431	3,133	3,564	4,143
Pleurisy	1,781	8,412	10,193	5,893
Emphysema	531	80	611	—
Pericarditis	833	2,001	2,834	2,960
Peritonitis	1,669	1,828	3,497	4,275
Enteritis	1,182	2,110	3,292	2,720
Nephritis	837	232	1,069	—
Uraemia	486	270	756	258
Arthritis	388	56	444	—
Actinomycosis	113	3,246	3,359	2,048
Necrosis	444	403	847	—
Contamination	2,602	1,156	3,758	2,369
Pigmentation	321	850	1,171	—
Neoplasm	1,865	998	2,863	1,459
Swine erysipelas	44	—	44	—
Abnormal odour	1,220	325	1,545	—
Moribund	5,124	814	5,938	3,575
Immaturity	258	36	294	—
Hyperaemia	300	128	428	381
Other disease	—	—	—	7,178
Totals	lbs. 92,108	lbs. 94,553	lbs. 186,661 =(83·33 tons)	lbs. 154,966 =(69·18 tons)

The above includes meats surrendered at the chief inspector's office and meat condemned at shops, warehouses, etc., a total of 2·46 tons.

Note:—The number of condemnations in respect of tuberculosis was as follows:—

	1965	1963
Whole carcasses of:—		
Beef	1	1
Pork	3	2
Part carcasses and organs:—		
Beef	14	18
Pork	183	139

Recently it was decided to exercise more discrimination in the description of diseased conditions in reports and this has resulted in the appearance of blank spaces in respect of the year 1964.

Poultry and game, fruit and vegetables, provisions, etc., destroyed as being unfit for human consumption, during 1965.

Poultry and game

	<i>Head</i>		<i>Head</i>
Fowl	5,951	Rabbits	1,256
Turkeys	54	Pheasants	46
Ducks	205	Wood pigeons	8
Geese	88	Hares	1
Pigeons	5	Grouse	17

Fruit

	<i>lbs.</i>		<i>lbs.</i>
Melons	12,828	Peaches	1,512
Pears	12,491	Pineapples	1,231
Apricots	428	Greengages	20
Grapes	4,686	Lemons	2,440
Apples	31,370	Chestnuts	240
Cherries	1,958	Grapefruit	74
Bananas	930	Rhubarb	380
Strawberries	3,698	Coconuts	2,408
Oranges	656	Figs	72
Blackcurrants	2,160	Currants	1,350
Gooseberries	3,514	Nectarines	796
Raspberries	85	Mousse	40
Blackberries	2,970	Dates	65
Plums	5,917	Canned fruit	15,979
Tomatoes	43,728		

Vegetables

	<i>lbs.</i>		<i>lbs.</i>
Celery	3,570	Cucumber	7,699
Beans	2,656	Swedes	4,368
Carrots	43,148	Sprouts	24,499
Cress	1,487	Yams	397
Potatoes	91,780	Cauliflower	39,438
Parsley	862	Turnips	3,416
Cabbage	91,082	Chicory	45
Asparagus	8	Aubergines	18
Lettuce	7,691	Parsnips	3,936
Peas	22,384	Radishes	737
Artichokes	216	Capsicum	400
Beetroot	896	Mushrooms	958
Onions	14,576	Canned vegetables	3,866
Corgettes	1,840		

Miscellaneous

	<i>lbs.</i>		<i>lbs.</i>
Canned meats	84,099	Frozen liquid egg	84
Canned milk	1,368	Sauces	238
Soups	576	Flour	72
Dessert provisions	515	Bacon	256
Fats	93	Sausage	206
Preserves	167	Margarine	68
Frozen foods	1,193	Pastries	873
Assorted canned foods	6,691	Puree	337
Cheese	346	Condiments	85
Saladettes	100	Continental foods	35

Amount of unwholesome food condemned

	1965	1964
	lbs.	lbs.
Meat:—		
Beef	118,666	99,250
Mutton	32,551	21,753
Veal	2,876	2,997
Pork	28,467	28,568
Imported offal	4,011	2,398
	186,661 lbs =83·33 tons	154,966 lbs =69·18 tons
	lbs.	lbs.
Fish:—		
Fish	53,412	58,328
Shellfish	1,746	3,420
	55,158 lbs =24·58 tons	61,748 lbs =27·56 tons
	head	head
Game	72	822
Poultry	6,302	3,265
Rabbits	1,257	417
Fruit	154,026 lbs =68·79 tons	167,913 lbs =74·96 tons
Vegetables	371,973 lbs =166·06 tons	411,883 lbs =183·88 tons
Miscellaneous:—	lbs.	lbs.
Evaporated, condensed and other milk	1,368	978
Canned meats and meat products	84,099	68,399
Sundry provisions	11,937	38,235
	97,404 lbs =43·48 tons	107,612 lbs =48·04 tons

TABLE E
Incidence of tuberculosis

Year	Cattle slaught- ered at abattoir	Condemned for tuberculosis		Per- centage incidence	Pigs slaught- ered at abattoir	Condemned for tuberculosis		Per- centage incidence
		Carcases	Part carcasses and organs			Carcases	Part carcasses and organs	
1963 ..	80,652	1	31	0·039	28,973	2	102	0·35
1964 ..	78,893	1	18	0·024	30,635	2	139	0·46
1965 ..	56,407	1	14	0·027	32,505	3	183	0·58

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